

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER
14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

Subsurface Sewage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed

prior to p	performing maintenance ac	ctivities and remain	i on-site for the at	station of the main	tenance activity.	
Date of Maintena	nce: 11-20-17 Rea	ason for Maintenand	te: Pim			
Property Address	: 11620 Quail pur	2	_ Property Owner	's Name: WAde A	10/2 Sept	
Municipality: <u>S</u>	tillwater zip: 5	55082 Property	Identification Numl	ber:		
Maintenance Pern	nit No: <u>µ 0874d 9931</u>	Maintainer Name	e and License No. (SISM Source	2/10	
				3000	are	
Maint	enance Performed	Tank M	Pasurement (must	be completed if tar	nks NOT bumped)	
Tank(s) Pumped			Liquid Level of Tank in			
☐ Sludge and scum measured		Sludge Level i	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?		Sludge + Scum	Sludge + Scum / Liquid Level X 100			
☐ Yes ☐ No (if no provide measurements)		II - 9 Cludge C C	Scum T	anks must be pump	ed if 25% or greater	
A 14	. \				6	
. Were all covers is there evidence evidence of da	remove septage: Mainte securely replaced? We se of tank leakage from a si maged, cracked, or structi	s 🗆 No			perating depth or	
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