



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 performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 16 Sep 2023 Reason for Maintenance: Cleaning

Property Address: 6748 132nd St N Property Owner's Name: Charlie Kheisler

Municipality: HWSO ZIP: 55038 Property Identification Number: _____

Maintenance Permit No: 95101d32378 Maintainer Name and License No. Smilie's Sewer Service / L 2428

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped ___ Sludge and scum measured Do tanks need to be pumped? <input checked="" type="checkbox"/> Yes ___ No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in Sludge + Scum _____ / Liquid Level _____ X 100 = % Sludge & Scum _____ Tanks must be pumped if <u>25% or greater</u>

- Access used to remove septage: Maintenance Hole ___ Other (enter authorization code) CRIP
- Were all covers securely replaced? Yes ___ No
- Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers? ___ Yes No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Pretreatment Tank	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Pump Tank	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

4. How many gallons of septage were removed?
 Tank #1 1250 gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank _____ gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: _____

Smilie's Sewer Service
 P.O. Box 100
 Scandia, MN 55073
 P: 651-433-3934 License Number: L2428

Maintenance activities must be reported to the Department within 90 days.

White Copy-Maintainer submits to Washington County / Yellow Copy-Property Owner Record