

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

<u>prior</u> to performing maintenance activit			ermit. This permit i		
Date of Maintenance: $1/-7/-73$ Reason	for Maintenance:	Partine			
Property Address: 13721 471 5+		The same of the sa	ame: PSSICU	Josh Gote	
Municipality: Stillwater zip: 580	№ 7 Property Ide	ntification Number			
Maintenance Permit NoQ10724C32609				wer Service / I 1673	
			y o zwwormeneae se	Wel Service/ E10/5	
Maintenance Performed	Tank Mea	Tank Measurement (must be completed if tanks NOT pumped)			
☐ Tank(s) Pumped	Liquid Level of	Tank ——— in			
☐ Sludge and scum measured	Sludge Level in	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?	Sludge + Scum	Sludge + Scum / Liquid Level X 100			
\square Yes \square No (if no provide measurements)	= % Sludge & Sc	= % Sludge & Scum Tanks must be pumped if 25% or greater			
Is there evidence of tank leakage from a sep evidence of damaged, cracked, or structura	ally unsound main			5	
Tank	Leaking Out	Leaking In	Cover Damage		
Tank	Leaking Out	Leaking In	Cover Damage		
Tank Septic/Holding Tank #1	Leaking Out Yes No	Leaking In Yes No	Cover Damage Yes No		
Tank Septic/Holding Tank #1 Septic/Holding Tank #2	Leaking Out ☐ Yes → No ☐ Yes ☐ No	Leaking In ☐ Yes ☑ No ☐ Yes ☐ No	Cover Damage Yes No		
Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed?	Leaking Out ☐ Yes → No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Leaking In Yes No Yes No Yes No Yes No Yes No	Cover Damage Yes No Yes No Yes No Yes No	gal	
Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank	Leaking Out Yes No Yes No Yes No Yes No Pes No	Leaking In Yes No Yes No Yes No Yes No tank ganducted, tank safe	Cover Damage Yes No Yes No Yes No Pump Tank Yes concerns, or other	gal r concerns.	
Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank 4. How many gallons of septage were removed? Tank #1 / Soo gal Tank #2 5. Other information: List any troubleshooting,	Leaking Out Yes No Yes No Yes No Yes No gal Pretreatment	Leaking In Yes No Yes No Yes No Yes No Atank ganducted, tank safer	Cover Damage Yes No Yes No Yes No Pump Tank Yes concerns, or other	r concerns.	

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673