

## 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 prior to performing maintenance activities				
Date of Maintenance: 12-19-23 Reason for		Partice		
- :6/ 1121 - :	_	percent Our man and a Nice	ame: Judith	7 etterbe
Property Address: 8018 HIII TVI				ZCTICVIOC
Municipality: CANA FIME ZIP: 850	Property Ider	ntification Number:		
Maintenance Permit No: F0912z33314 Ma	aintainer Name an	d License No. Pinky	y's <mark>Environmental Sev</mark>	ver Service/ L1673
Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped	Liquid Level of Tank — in			
☐ Sludge and scum measured	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?	Sludge + Scum / Liquid Level X 100			
$\square$ Yes $\square$ No (if no provide measurements)	= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to remove septage:   Maintenance	ce Hole Other (e	nter authorization co	ide)	
2. Were all covers securely replaced?  Yes	No			
<ol><li>Is there evidence of tank leakage from a sept evidence of damaged, cracked, or structura</li></ol>			/	ating depth or
Tank	Leaking Out	Leaking In	Cover Damage	
Septic/Holding Tank #1	☐ Yes ☐No	☐ Yes ☑No	☐ Yes ☐ 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 <u>loo</u> gal Tank #2	gal Pretreatment	tankg	al Pump Tank	gal
5. Other information: List any troubleshooting,  System too all for mu	whole			
6. Location of septage disposal: Pinky's		ewer Service Inc.		

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673