

## 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 entiret          |                                |  |                      |                    |  |
|--|--------------------------------|--|----------------------|--------------------|--|
| <u>prior</u> to performing maintenance activ           |                                | The state of the s | on of the maintena   | nce activity.      |  |
| Date of Maintenance: $12-1823$ Reason                  | on for Maintenance: _          | Keutin   | ٩                    |                    |  |
| Property Address: 16165 Upger                          | 2nd Stlop                      | roperty Owner's Na   | ame: Anchre          | Je Carlo           |  |
| Municipality: Ulllul ZIP: 55                           | Property Ider                  | tification Number:   |                      | Love               |  |
| Maintenance Permit No.Q1313£33315                      | Maintainer Name an             | d License No. Pinky  | y's Environmental Se | wer Service/ L1673 |  |
|  |                                |  |                      |                    |  |
| Maintenance Performed                                  | Tank Meas                      | Tank Measurement (must be completed if tanks NOT p   |                      |                    |  |
| Tank(s) Pumped   | mped Liquid Level of Tank — in |  |                      |                    |  |
| Sludge and scum measured                               | Sludge Level in 7              | 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 | s) = % Sludge & Scu            | = % Sludge & Scum Tanks must be pumped if 25% or greater   |                      |                    |  |
| 1. Access used to remove septage:   Mainten            | ance Hole Other (e             | nter authorization co  | de)                  |                    |  |
| 2. Were all covers securely replaced? Yes              |                                |  |                      |                    |  |
| 3. Is there evidence of tank leakage from a se         |                                | eatment or pump t  | ank below the one    | rating depth or    |  |
| evidence of damaged, cracked, or structu               |                                |  |                      | denig depth of     |  |
| 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 remove             | d?                             |  |                      |                    |  |
| Tank #1 1500 gal Tank #2                               | gal Pretreatment               | tankga   | l Pump Tank          | gal                |  |
| 5. Other information: List any troubleshooting         | g, minor repairs con           | ducted, tank safet   | y concerns, or othe  | er concerns.       |  |
|  |                                | )  | 1                    |                    |  |
| 6. Location of septage disposal:                       | + + 101                        | DOT !!   |                      |                    |  |
|  | realment pl                    | n1 >1-14/  |                      |                    |  |

Pinky's Environmental Sewer Service Inc.

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673