



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: 8-17-23 Reason for Maintenance: Routine
 Property Address: 356 Quail Rd Property Owner's Name: Dave Nielsen
 Municipality: Dellwood ZIP: 55110 Property Identification Number: _____
 Maintenance Permit No: g1476j34507 Maintainer Name and License No. Meyer Sewer Service/ L915

| Maintenance Performed | Tank Measurement (must be completed if tanks NOT pumped) |
|--|--|
| <input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> 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 25% or greater |

- Access used to remove septage: Maintenance Hole Other (enter authorization code)
- 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

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

- How many gallons of septage were removed?
 Tank #1 1500 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank _____ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

- Location of septage disposal: St. Paul

Meyer Sewer Service
 5325 Manning Ave S
 Afton, MN 55001

License Number: L915 P: 651-459-0162

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

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



P.O. Box 40 | Afton, MN | 55001

(651) 459-0162

Minnesota Pollution Control Agency Signature Form

Property Address: 356 Quail Road

City: DELLwood State MN Zip Code: 55110

If the owner refuses to allow a Subsurface Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.

I, DAVE NIELSEN, refuse to allow the removal of the solids and liquids through the maintenance hole. I understand that the removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

Sign here and return:

Owner's Name: DAVE NIELSEN

X Signature: 

Date: 8/17/23