

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

	or mining manneemance acti	vities and remain o	on-site for the durat	ion of the maintenar	iust be completed nce activity.
	: 8-21-23 Reaso	on for Maintenance:		Routine	>_
Property Address:	16750 2nd S	H + N	Property Owner's Na		
Municipality: Lake	and Shores ZIP: 551	Property Id	lentification Number	:]
	No: v4583g34921			r Sewer Service/ L915	
	U				
Mainten	ance Performed	Tank Mea	asurement (must be	completed if tanks N	NOT pumped)
Tank(s) Pumped			Tankin	Saves Lavelin Tank	
☐ Sludge and scum			i Tankin : / Liquid Le	Scum Level in Tank evel X 100	n
tanks need to be		= % Sludge & S		nks must be pumped i	f 25% or greater
☐ Yes ☐ No (if	f no provide measurement	s)			
3. Is there evidence	of tank leakage from a se laged, cracked, or structu Ta nk	eptic, holding, pret			ating depth or
	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	
	Pretreatment Tank Pump Tank	☐ Yes ☐ No☐ Yes ☐ No	☐ Yes ☐ No☐ Yes ☐ No	☐ Yes ☐ No☐ Yes ☐ No☐	
Tank #1 1000	Pump Tank s of septage were remove gal Tank #2 \ 000 n: List any troubleshootin	☐ Yes ☐ No ed?gal Pretreatmen	☐ Yes ☐ No	☐ Yes ☐ No al Pump Tank	gal r concerns.

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

520 Lafayette Road North St. Paul, MN 55155-4194

Sewage tank

maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form *may* be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit o government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3** is optional and not required to be completed on routine maintenance events.

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Re	porting information		Ž		3
Da	te of maintenance (mm/dd/yyyy	1:8-21-13	, Reason for ma	aintenance: Rost	
Pro	operty address: 16750	22954	N South	Parcel ID:	
Cit	y: Lakeland Sho	res	State:		
Pro	pperty owner's name:	nia Han	intern		
Pro	pperty-owner's address (if differe	ent):			
City			State:	Zip code:	
Ph	one number:		Email address:		
1.	Did you measure the accum	ulation of scum a	ind sludge? Yes	☑ No (tank(s) pumped witho	ut measuring)
	Tank (check if present)	Scum	Sludge	Operating depth	Percent full
	☐ Septic/holding tank #1				
	Septic/holding tank #2				
	☐ Pretreatment tank				
	Pump tank				
2.	Access used to remove sep	tage: Mainten	nance hole Chther (U	nless a holding tank, go to #4	below)
3.	If the maintenance hole was				
	Casspool 7	anks v	o manholo		рівазе ехрівін реюм.
4.	If the owner refuses to allow hole, have them complete as	a Subsurface Se nd sign the follow	wage Treatment Systering statement.	em (SSTS) to be pumped thr	
	(Print owner's name)	, refu	se to allow the removal	of the solids and liquids throu	gh the maintenance
	hole. I understand that remove solids removal and does not full	al of solids and liquidifill the solids remo	iids through other acces oval requirements of Mir	s points is not considered a c nn. R. 7080.2450 and 7082.06	ompliant method of 500.
	By typing/signing my name that this information can be us	below , I certify the ed for the purpose	above statements to be of processing this form	e true and correct, to the best	of my knowledge, and
	Owner's signature:			ate (mm/dd/yyyy): 8-2/-	23

roperty address:				·····	-				_	Parcel I	U:		
City:					State:				_	Zip coc	le:		· · · · · · · · · · · · · · · · · · ·
. Is the tank de	signed as a lea	iky tank?	? (Exan	nple: seepa	age pit, cessi	pool, a	irywe	ell, leach	ing pit)				
Tank #1: 14	Yes □ No	Verifica	ation m	ethod useo	YISUA	<u>L</u>			-	***			
1 ank #2: 📈	res No	Verifica	ation m	ethod used	: VISUA	L							
. Is there evide	nce of the follo	wing?											
		Tank in	-111	44	1				1		ce hole	-	
Tank (check if p	resent)	Tank lea		ow the ating depth	Tank leak designed								nsecure irally un:
☐ Septic/holdi			Yes			Yes			120] Yes		No
☐ Septic/holdi	ng Tank #2			□No		Yes		No	_		Yes		
☐ Pretreatmer	nt Tank		Yes	□No		Yes					Yes		
☐ Pump Tank			Yes	ΠNo		Yes			1		Yes] No
Describe detail					<u> </u>	,			_	<u>_</u>	1 100		1140
	,				ļ								
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How many gal	ions of sentag	e were re	maya	40									
					D					_	- .		
	Oce Tan										Tank:_		
Where was the						Land	appl	ication [Othe	er			
Explanation (Fa	acility name/Site) #):		M_{-o}	₹								
Did you identi	fv anv operatio	nal issu	as ar ii	ineafo con									
☐ Yes ☑ No	if use ident	ify tank ar	nd ovni	Inin:	ditions will	IE 4351	C3511	ng me s	ewage	laiiks	111 11115	Sy	Stem
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	ant non-domec	tic wacto				Tiuent	scre	en conai	เเดก				
	of non-domes												
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