

## 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 prior to perf	oe completed in its entire forming maintenance acti	ty to constitute a vities and remain (	valid maintenance pon-site for the dura	ermit. This permit i	must be completed	
Date of Maintenance: 10 -24-23 Reason for Maintenance: Emergency					incy	
Property Address:	10940 Manning	Ave. S.	_Property Owner's N	ame: Mike	Mingo	
Municipality: Cot	tage Grove ZIP: 55	property Ic	dentification Number	:	7	
Maintenance Permit	No: v 0917 p 34600	Maintainer Name a	and License No. Meye	r Sewer Service / I 91	5	
			and Ereense no. Meye	1 Sewel Service/ E/I		
Mainter	nance Performed	Tank Mea	asurement (must be	completed if tanks	NOT pumped)	
☐ Tank(s) Pumped ☐ Sludge and scum measured Do			Liquid Level of Tankin  Sludge Level in Tankin Scum Level in Tankin  Sludge + Scum/ Liquid LevelX 100			
tanks need to be pumped?			= % Sludge & Scum Tanks must be pumped if 25% or greater			
☐ Yes ☐ No (i	f no provide measurement					
	e of tank leakage from a senaged, cracked, or structu  Ta nk				rating 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		
	Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
	s of septage were remove		nt tank g	al Pump Tank	gal	
	n: List any troubleshootin				-	
C 0.00	2 1					
6. Location of septag	ge disposal: St Pa	\				
c. Location of Septai	50 disposati	Moura Course	Condica			
		Meyer Sewer 5325 Mannir				

Afton, MN 55001

License Number: L915 P: 651-459-0162

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