

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

	e completed in its entirety to orming maintenance activitie				
Date of Maintenance	: <u>10-18-23</u> Reason fo	r Maintenance: Emerge		incy	
Property Address:	0455 5th St N	Maintenance: Property Owner's Name:			
Municipality: Lakeland ZIP: Property Identification Number:					
Maintenance Permit No: 13103 m34606 Maintainer Name and License No. Meyer Sewer Service / L915					
Maintenance Performed		Tank Measurement (must be completed if tanks NOT pumped)			
 ✓ Tank(s) Pumped ☐ Sludge and scum measured Do tanks need to be pumped? ☐ Yes ☐ No (if no provide measurements) 		Liquid Level of Tankin Sludge Level in Tankin Scum Level in Tankin Sludge + Scum/ Liquid LevelX 100 = % Sludge & Scum Tanks must be pumped if 25% or greater			
 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 Leaking Out Leaking In Cover Damage 					
	nk 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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
6. Location of septage disposal: Land Apply W1 Meyer Sewer Service 5325 Manning Ave S Afton, MN 55001					

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

License Number: L915 P: 651-459-0162