

## 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

|   | illing maintenance acti   | vities and remain                                  | on-site for the durat   |                      | must be complete<br>ance activity. |  |
|---|---|--|---|----------------------|------------------------------------|--|
| Date of Maintenance:  | 8-11-23 Reason  | on for Maintenance:                                | or Maintenance:   |                      | Routine                            |  |
| Property Address: 8   | 138 Lake Jane   | Trl N  | Property Owner's Na   | ame: Anita           | Kenzler                            |  |
|   | e Elmo ZIP: 55  |  |   |                      |                                    |  |
| Maintenance Permit N  | 40: f9650h34607   | _Maintainer Name a                                 | and License No. <u>Meye</u>   | r Sewer Service/ L91 | 5                                  |  |
| Maintena  | ance Performed  | Tank Me  | asurement (must be  | completed if tanks   | NOT pumped)                        |  |
| <ul> <li>□ Tank(s) Pumped</li> <li>□ Sludge and scum measured Do tanks need to be pumped?</li> <li>□ Yes □ No (if no provide measurements)</li> </ul> |   | Sludge Level in<br>Sludge + Scum<br>= % Sludge & S | 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 |                      |                                    |  |
| 2. Were all covers se<br>3. Is there evidence   | nove septage: Mainter<br>curely replaced? Yes<br>of tank leakage from a se<br>aged, cracked, or structi | □ No eptic, holding, pre                           | treatment or pump (   | tank below the ope   | rating depth or                    |  |
| -   | Ta<br>nk  | Leaking Out  | Leaking In  | Cover Damage         | •                                  |  |
|   | IIK   |  |   | · ·                  |                                    |  |
| -   | Septic/Holding Tank #1  | □Yes □ No  | ☐ Yes ☐ No  | ☐ Yes ☐ No           |                                    |  |
|   |   | ☐Yes ☐ No  |   |                      |                                    |  |
|   | Septic/Holding Tank #1  |  | ☐ Yes ☐ No  | ☐ Yes ☐ No           |                                    |  |
|   | Septic/Holding Tank #1 Septic/Holding Tank #2   | ☐ Yes ☐ No   | ☐ Yes ☐ No ☐ Yes ☐ No   | ☐ Yes ☐ No           |                                    |  |

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

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