Washington County

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

<u>prior</u> to perfo	completed in its entirety t	es and remain on		ion of the maintenan	
	9-5-23 Reason for			Koutine	
Property Address: 8	668 Demontre	ville Trl P	roperty Owner's Na	me: Joan Chi	le fone
Municipality: Lake	Elmo ZIP: BBOL	t2 Property Ide	ntification Number:		
Maintenance Permit N	10: + 5180 g 34724 Ma	intainer Name an	d License No. <u>Meyer</u>	Sewer Service/ L915	
Maintena	nce Performed	Tank Meas	urement (must be	completed if tanks N	IOT pumped)
☐ Tank(s) Pumped ☐ Sludge and scum retanks need to be ☐ Yes ☐ No (if		Sludge + Scum_	Tankin S / Liquid Lev	cum Level in Tank velX 100 ks must be pumped in	
2. Were all covers see 3. Is there evidence o	nove septage: Maintenance curely replaced? Yes of tank leakage from a seption aged, cracked, or structural	No c, holding, pretro	eatment or pump t	ank below the opera	ting depth or
-	Ta nk	Leaking Out	Leaking In	Cover Damage	
-	Septic/Holding Tank #1	□Yes 🗹 No	☐ Yes ✓ No	☐ Yes ☑ No	
9	Septic/Holding Tank #2	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	
ı	Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
<u></u>	Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Tank #1_\000	of septage were removed? gal Tank #2 1000 g List any troubleshooting, r Stand pipe				
6. Location of septage	`	Meyer Sewer S 5325 Manning Afton, MN 55 Number: L915	Ave S 6001		
м	aintenance activities mu	st be reported	to the Departmen	nt 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 of 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.

	of maintenance (mm/dd/yyy	y): 9/5/23	Reason for main	tenance: Rountine	
	perty address: 8668	Demon trevill	e Trl	Parcel ID:	
City	Lake Elmo		State: M	N Zip code: _	55042
- Pro	perty owner's пате: <u>Тоск</u> у	n Chilefone			
	perty-owner's address (if differ				
City			State:	Zip code:	
Pho	ne number:		Email address:		
1.				No (tank(s) pumped withou	t measuring)
	Tank (check if present)	Scum	Sludge	Operating depth	Percent full
	Septic/holding tank #1				
	Septic/holding tank #2				
	Pretreatment tank				
	☐ Pump tank		<u> </u>		
2.	Access used to remove se	l ptage: ☐ Maintenance	hole Other (Unit	ess a holding tank, go to #4	below)
2. 3.	Access used to remove se	-			
2. 3.		-			
3.	Access used to remove se If the maintenance hole wa	is used, were all covers	secured in place?	Yes No If no, p	lease explain below:
3.	Access used to remove se If the maintenance hole wa If the owner refuses to allo	us used, were all covers	secured in place? e Treatment System	Yes No If no, p	lease explain below:
3.	Access used to remove se If the maintenance hole wa If the owner refuses to allo hole, have them complete	is used, were all covers was Subsurface Sewage and sign the following:	secured in place? e Treatment System statement.	Yes No If no, p	lease explain below:
3.	Access used to remove se If the maintenance hole wa If the owner refuses to allo hole, have them complete	is used, were all covers was Subsurface Sewage and sign the following:	secured in place? e Treatment System statement.	Yes No If no, p	lease explain below:
3.	Access used to remove se If the maintenance hole wa If the owner refuses to allo hole, have them complete (Print owner's name)	w a Subsurface Sewage and sign the following specific process of the second states of the sec	secured in place? e Treatment System statement. allow the removal of	Yes No If no, p (SSTS) to be pumped through the solids and liquids through	lease explain below: bugh the maintenance th the maintenance
3.	If the owner refuses to allo hole, have them complete (Print owner's name) hole. I understand that remo solids removal and does not	ow a Subsurface Sewage and sign the following solution of solids and liquids to fulfill the solids removal of solids rem	e Treatment System statement. allow the removal of through other access prequirements of Minn.	Yes No If no, positive SSTS) to be pumped through the solids and liquids through the solids and considered a confidence of R. 7080.2450 and 7082.066	lease explain below: bugh the maintenance th the maintenance mpliant method of 00.
3.	If the owner refuses to allo hole, have them complete (Print owner's name) hole. I understand that remo solids removal and does not By typing/signing my name	ow a Subsurface Sewage and sign the following solution of solids and liquids the fulfill the solids removal to below, I certify the abo	e Treatment System statement. allow the removal of hrough other access prequirements of Minn. we statements to be to	Yes No If no, positive SSTS) to be pumped through the solids and liquids through the solids and considered a confidence of R. 7080.2450 and 7082.066	lease explain below: bugh the maintenance th the maintenance mpliant method of 00.
	If the owner refuses to allo hole, have them complete (Print owner's name) hole. I understand that remo solids removal and does not	ow a Subsurface Sewage and sign the following solution of solids and liquids the fulfill the solids removal to below, I certify the aboused for the purpose of present and several sev	e Treatment System statement. allow the removal of through other access prequirements of Minnive statements to be trocessing this form.	Yes No If no, positive SSTS) to be pumped through the solids and liquids through the solids and considered a confidence of R. 7080.2450 and 7082.066	lease explain below: bugh the maintenance th the maintenance mpliant method of 00. of my knowledge, and

is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit) Tank #1:	the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit) nk #1:		Tank #1: Yes No Tank #2: Yes No Is there evidence of the follows Tank (check if present) Septic/holding Tank #1 Septic/holding Tank #2 Pretreatment Tank Pump Tank Describe detail for any "Yes" How many gallons of septag Tank #1: 1000 Tank	Verif Verif verif verif Tank desig	leaks be ned ope	nethod used: nethod used: elow the rating depth	ge pit, cessp Tank leaks designed	s abov	rywell, leachi	ing pit) Maintenance hole cover is damaged, cracked, unsecured, or
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Septic/holding Tank #2	Perticipation Yes No Yes	1	Septic/holding Tank #2 Pretreatment Tank Pump Tank Describe detail for any "Yes" How many gallons of septag	e were	Yes Yes	I No		Yes		
Pretreatment Tank	Pretreatment Tank	<u> </u>	☐ Pretreatment Tank ☐ Pump Tank Describe detail for any "Yes" How many gallons of septag Tank #1: \(\) OOC \(\) Tar	e were	Yes					
Pump Tank	Pump Tank Yes No Yes Ye		☐ Pump Tank Describe detail for any "Yes" How many gallons of septag Tank #1: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e were		∐ No				
How many gallons of septage were removed? Tank #1: Doc	w many gallons of septage were removed? nk #1: _OCC \ Tank #2: _CCP \ Pretreatment Tank: \ Pump Tank: ere was the septage taken? \ Wastewater treatment facility \ And application \ Other lanation (Facility name/Site #): \ ? you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system? Yes \ No \ If yes, identify tank and explain: \ Evidence of non-domestic waste \ Baffle(s) condition \ Effluent screen condition \ Maintenance hole and extensions condition \ Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc lanation: \ any troubleshooting and minor repairs completed or declined by owner: \ Repairs declined by owner: \ Repairs declined by owner: \ littonal comments or suggestions for owner's consideration: \ Repairs declined by owner: \ littonal comments or suggestions for owner's consideration: \ Repairs declined by owner: \		Describe detail for any "Yes" How many gallons of septag Tank #1: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e were	Yes	J				
Tank #1: _\text{LOCC} \ Tank #2: _\text{LOCP} \ Pretreatment Tank: \ Pump Tank: \ Where was the septage taken? _\text{Wastewater treatment facility } _\text{Land application } \ Other Explanation (Facility name/Site #): _\text{M-Q} \	Pretreatment Tank: Pump Tank: Tank: Pu	١	Tank #1: 1000 Tan	e were		∐ No	<u> </u>	Yes	∐ No	Yes No
Tank #1: ___________________	Pretreatment Tank: Pump Tank: T	١	Tank #1: 1000 Tan	e were						
Explanation (Facility name/Site #): M - 2 Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system of tank or the sewage tanks in this system of tank or the sewage tanks in this system of tank or the sewage tanks in this system of tank or the sewage tanks in this system of tank or the sewage tanks in the sewage tanks in this system of tank or the sewage tanks in this system of tank or the sewage tanks in	Janation (Facility name/Site #): M-2 you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system? Yes No If yes, identify tank and explain: Sevidence of non-domestic waste Baffle(s) condition Effluent screen condition Maintenance hole and extensions condition Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc lanation: any troubleshooting and minor repairs completed or declined by owner: Repairs declined by owner: Repairs declined by owner: Repairs declined by owner: Repairs declined by owner:		A/leann	ık #2:_	remov	ed?	Pretreatment	Tank		Pump Tank:
Yes	See No If yes, identify tank and explain: Seven condition Effluent screen condition Set Seven condition Seven			n? 🔲 '	Wastew		nt facility 😡	Cand	application [Other
Additional comments or suggestions for owner's consideration: Imping record Personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in a Minnesota Rules Chapters 7080 – 7083: As a noncertified individual who has received proper training, daily work review, and periodic observation, or As a designated certified individual of the business listed below. Ityping/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge information can be used for the purpose of processing this form. Employee information	ing record Ing record Ing record In ally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance nesota Rules Chapters 7080 – 7083: Innoncertified individual who has received proper training, daily work review, and periodic observation, or designated certified individual of the business listed below. In all all all all all all all all all al	E	☐ Evidence of non-domes ☐ Maintenance hole and e Explanation: List any troubleshooting and	tic was extensi	ons cond	Baffle(s) condition	her condition	ns (e.g d by o	. structural inte	egrity of tank or lid, electrical hazard, etc
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