

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 completed in its entirety to constitute a valid maintenance permit. This permit must be completed <u>prior</u> to performing maintenance activities and remain on-site for the duration of the maintenance activity.

| Date of Maintenance: | 4/23/2024 Reason | for Maintenance: _ | Routine | * | , |
|--|-------------------------------|--|-------------------------------------|----------------------|----------------|
| Property Address: _88 | 20 Grey Cloud Island Dr S, St | Paul Park, MN p | aul Park, MN Property Owner's Name: | | Patrick Sieben |
| Municipality: | ZIP: <u>550</u> | 71 Property Ider | ntification Number: | | |
| | o: / | | | | C/L2989 |
| | | | | | |
| Maintenance Performed | | Tank Measurement (must be completed if tanks NOT pumped) | | | |
| ☑ Tank(s) Pumped | | Liquid Level of Tank in | | | |
| NOTIFIC CONTROL NO MARKET CONTROL CONTROL OF THE CO | | Sludge Level in Tank in Scum Level in Tank in | | | |
| □ Sludge and scum measured Do tanks need to be pumped? | | Sludge + Scum / Liquid Level X 100 | | | |
| 26 49 00-25 | no provide measurements) | = % Sludge & Scum Tanks must be pumped if 25% or greater | | | |
| □ 162 □ NO (II | no provide measurements) | | | | |
| 1. Access used to remove septage: Maintenance Hole Other (enter authorization code) | | | | | |
| | | | | | |
| 2. Were all covers securely replaced? | | | | | |
| 3. 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? No - couldn't confirm precast via | | | | | |
| camera | | | | | |
| | Tank | Leaking Out | Leaking In | Cover Damage | |
| | Septic/Holding Tank #1 | Yes No Some answers un | Yes No known. Pumped thro | Yes No- | |
| | Septic/Holding Tank #2 | | ☐ Yes ☐ No | 1200 | |
| | 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 1000 gal Tank #2 1000 gal Pretreatment tank gal Pump Tank gal 5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns. | | | | | |
| 5. Other information | n: List any troubleshooting | g, minor repairs co | nducted, tank safe | ety concerns, or otr | ier concerns. |
| Some answers unknown. Pumped through inspection pipe. | | | | | |
| | | | | | |
| 6. Location of septage disposal: Metro MCES WWTP | | | | | |

Schlomka Services, LLC 17560 Northfield Blvd Hastings, MN 55033 License# 2989 P: 651-459-3718

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