

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:1	0819 Lehigh Rd S, Hasting	, MN Property Owner's Name:		Craig Weise	
Municipality:	ZIP: <u>550</u>	33 Property Ide	ntification Number:	·	
	/o: /				
Maintena	ance Performed	Tank Meas	urement (must be	completed if tank	s NOT pumped)
☐ Tank(s) Pumped ☐ Sludge and scum in Do tanks need to ☐ Yes ☐ No (if		Liquid Level of Tank in Sludge Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100 = % Sludge & Scum Tanks must be pumped if 25% or greater			
2. Were all covers se	move septage:	□No N/A			erating depth or t conf <u>irm precast via</u>
	Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1 Septic/Holding Tank #2		known. Pumped thro	Yes No Dugh inspection pipe.	
	Pretreatment Tank	☐ Yes ☐ No	Yes No	☐ Yes ☐ No	
	Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No]
	s of septage were removed			de many No. on 192	
	gal Tank #2 gal Pretreatment tank gal Pump Tank gal				
5. Other informatio	n: List any troubleshooting	g, minor repairs co	nducted, tank safe	ety concerns, or of	ther concerns.
Some answers unk	nown. Pumped through inspe	ction pipe.			
/ 1 C C t	re disnosal. Metro MCFS W	WTD			

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.