

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.

V2 (3)	11701 Grey Cloud Trail S ZIP: 550				
	t No:				
Maintenance Performed ✓ Tank(s) Pumped ☐ Sludge and scum measured Do tanks need to be pumped? ☐ Yes ☐ No (if no provide measurements)		Tank Measurement (must be completed if tanks NOT pumped) 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			
	remove septage:	ance Hole 🛭 Other (e	enter authorization co	ode)	
	securely replaced?		reatment or pump tenance hole cove	tank below the ope ers? <u>No-couldn't</u> camera	rating depth or confirm precast via
			reatment or pump tenance hole cove Leaking In		rating depth or confirm precast via
	te of tank leakage from a se maged, cracked, or structu	Leaking Out	Leaking In	Cover Damage	rating depth or confirm precast via
	te of tank leakage from a se maged, cracked, or structu Tank	Leaking Out Yes No Some answers un	Leaking In	Cover Damage Yes Nopugh inspection pipe.	rating depth or confirm precast via
	Tank Septic/Holding Tank #1	Leaking Out Yes No Some answers un	Leaking In Yes No known. Pumped thro	Cover Damage Yes Nopugh inspection pipe.	rating depth or confirm precast via
	Tank Septic/Holding Tank #2	Leaking Out Yes No Some answers un	Leaking In Yes No known. Pumped thro	Cover Damage Yes No Ough inspection pipe. Yes No	rating depth or confirm precast via
Is there evidence evidence of data 4. How many gallo	Tank Septic/Holding Tank #2 Pretreatment Tank Pump Tank Pums of septage were remove	Leaking Out Yes No	Leaking In Yes No known. Pumped thro Yes No Yes No Yes No	Cover Damage Yes No ough inspection pipe. Yes No Yes No Yes No	
4. How many gallo Tank #1 1000	Tank Septic/Holding Tank #2 Pretreatment Tank Pump Tank Pump Tank Discrept Septice Were removed and the septice was a septice with the septice was a septice with the septice was a	Leaking Out Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Leaking In Yes No known. Pumped thro Yes No Yes No Yes No Yes No	Cover Damage Yes No ough inspection pipe. Yes No Yes No Yes No Yes No	gal
4. How many gallo Tank #1 1000	Tank Septic/Holding Tank #2 Pretreatment Tank Pump Tank Pums of septage were remove	Leaking Out Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Leaking In Yes No known. Pumped thro Yes No Yes No Yes No Yes No	Cover Damage Yes No ough inspection pipe. Yes No Yes No Yes No Yes No	gal

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