



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 prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 8-29-24 Reason for Maintenance: Cleaning
 Property Address: 10450 Kelman Ct Property Owner's Name: Rona Shirley Wenzel
 Municipality: Stillwater ZIP: 55082 Property Identification Number: _____
 Maintenance Permit No: 69838x36781 Maintainer Name and License No. Smilie's Sewer Service / L 2428

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped	Liquid Level of Tank _____ in
<input type="checkbox"/> Sludge and scum measured	Sludge Level in Tank _____ in Scum Level in Tank _____ in
Do tanks need to be pumped?	Sludge + Scum _____ / Liquid Level _____ X 100
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	= % Sludge & Scum _____ Tanks must be pumped if <u>25%</u> or greater

- Access used to remove septage: Maintenance Hole Other (enter authorization code) no manway access
- Were all covers securely replaced? Yes No
- 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? Yes No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- How many gallons of septage were removed?
 Tank #1 800 gal Tank #2 800 gal Pretreatment tank _____ gal Pump Tank _____ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

- Location of septage disposal: _____

Smilie's Sewer Service
 P.O. Box 100
 Scandia, MN 55073
 P: 651-433-3934 License Number: L2428

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

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