

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

prior to performing maintenance activities and remain on Date of Maintenance: 9/33/3094 Reason for Maintenance: Property Address: 0341 Had et al. Property Address: 0341 Had et al. Property Ide Maintenance Permit No: 17538737336 Maintainer Name an Maintenance Performed Tank Mea	Property Owner's Name: 30% por portification Number:	
Property Address: <u>10341 Hadley CL W. F</u> Municipality: <u>Multe Bear Lakezip: SSILO</u> Property Ide Maintenance Permit No: <u>17538737326</u> Maintainer Name an	Property Owner's Name: 30/00 for portification Number:	
Municipality: <u>htte Bew Lukez</u> IP: <u>SSIC</u> Property Ide	ntification Number:	
Municipality: <u>htte Bew Lukez</u> IP: <u>SSIC</u> Property Ide	ntification Number:	
Maintenance Permit No: <u>17538 P3730</u> Maintainer Name an	0 = -	
	d License No. Simile's Sewer Service / L 2428	
Maintenance Performed Tank Mea		-
	surement (must be completed if tanks NOT pumped)	
Tank(s) Pumped Liquid Level of	Tank in	
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	
Yes No (if no provide measurements) = % Sludge & Sc	um Tan <u>ks must be pumpedif</u> 25% or greater	
1. Access used to remove septage: Maintenance Hole \(\frac{1}{2} \) Other	(enter authorization code)	_
2. Were all covers securely replaced? Yes No		
 Is there evidence of tank leakage from a septic, holding, pretr 	reatment or pump tank below the operating depth or	
evidence of damaged, cracked, or structurally unsound main		
Tank Leaking Out	Leaking In Cover Damage	
Yes No	Yes No Yes No	
Septic/Holding Tank #2 YesNo	Yes No Yes No	
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 #2 600 gal Pretreatmen	t tankgal Pump Tankgal	
5. Other information: List any troubleshooting, minor repairs co	nducted, tank safety concerns, or other concerns.	
6. Location of septage disposal:		
Smilie's Sewer	Service	
P.O. Box 1 Scandia, MN	00	
Septic/Holding Tank #2 Yes No	Yes No Yes No Yes No Yes No Yes No	

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

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