



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
 GOVERNMENT CENTER  
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006  
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### Subsurface Sewage Treatment System Maintenance Permit

PD

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: 11/25/2014 Reason for Maintenance: Replaced pump - full maint. cleaning  
 Property Address: 19076 Jackson Ave. Property Owner's Name: M. Mahonke  
 Municipality: Mound ZIP: \_\_\_\_\_ Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: X984205300 Maintainer Name and License No. OSSI - #2116

<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in $\text{Sludge + Scum} \div \text{Liquid Level} \times 100 = \% \text{ Sludge \& Scum}$ Tanks must be pumped if 25% or greater
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- Access used to remove septage:  Maintenance Hole  Other (enter authorization code) \_\_\_\_\_
- 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?

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 1000 gal Tank #2 1000 gal Pretreatment tank \_\_\_\_\_ gal Pump Tank 900 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
Replaced pump w/ 1/2 HP Gould

6. Location of septage disposal: Metro disp. St. Paul