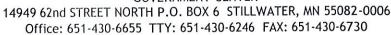


DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER





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 perform	ning maintenance activitie	s and remain on-	ite for the duration	on of the maintenance	ce activity.
Date of Maintenance: 10-3-16 Reason for Maintenance: Routine					
Property Address: 0255 Harley Ave Property Owner's Name: Devon Orosyley					
Municipality: Coltuse Grove ZIP: 55016 Property Identification Number:					
Maintenance Permit No: A 7552 A 0980 Maintainer Name and License No. 2989 SCN 6 MK Serv					
Maintenan	ce Performed	Tank Measi	rement (must be	completed if tanks N	OT pumped)
Tank(s) Pumped		Liquid Level of Tank in			
☐ Sludge and scum measured		Sludge Level in T	ank in	Scum Level in Tank $$	in
Do tanks need to b		Sludge + Scum / Liquid Level X 100			
\square Yes \square No (if no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater			
 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	☐ Yes ⊠No	☐ Yes 🖾 No	☐ Yes 📉 No	
	Septic/Holding Tank #2	☐ Yes No	☐ Yes █ No	☐ Yes ☐₩o	
	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 1600	gal Tank #2 1600	gal Pretreatment	tank ga	al Pump Tank	gal
5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.					