Washington 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 P

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT **GOVERNMENT CENTER**

Subsurface Sewage Treatment System Maintenance Permit

			l maintananaa aa	mit This parmit m	ust be completed
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.					
Date of Maintenance: 9/1/16 Reason for Maintenance: ROUTINE Property Address: 10924 ARCOLA TR. Property Owner's Name: DAVE MACKENZIE					
Property Address: <u>//</u> 0	924 ARCOLA TI	Pr	operty Owner's Na	me: <u>Dave Ma</u>	CKENZIE
Municipality: STILL W	HATER TWSPZIP: 5508	32 Property Ident	ification Number:		
Maintenance Permit No	:: <u>f6296z 3893</u> Ma	aintainer Name and	l License No. Meye	r Sewer Service/ L91	5
Maintenance Performed		Tank Measurement (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			
\square Yes \square No (if no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater			
evidence of dama	of tank leakage from a sept aged, cracked, or structura Tank Septic/Holding Tank #1	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #2	☐ Yes No	١ -	☐ Yes No	
	Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	_	
	Pump Tank	☐ Yes 溪 No	☐ Yes No	☐ Yes No	·
Tank #1 \ ()()	of septage were removed?) gal Tank #2	gal Pretreatmen , minor repairs co	1 tanks	PECEIVE DEC 1 4 2016	Hank 1000
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Maintenance activities must be reported to the Department within 90 days.