

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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Subsurface Sewage Treatment System Maintenance Permit

					1
This section must be c	ompleted in its entirety to	constitute a valid	l maintenance per	mit. This permit must	, be completed
prior to perform	ning maintenance activitie	s and remain on-s	ite for the duratio	n of the maintenance	activity.
Date of Maintenance: _	9/1/16 Reason fo	or Maintenance:	ROUTINE		
Property Address: 14ん	40 AFTON BLI	1D S Pr	operty Owner's Na	me: GERALD CL	ARE
Municipality: AFT	ON ZIP: 5500	2 Property Ident	ification Number:		
Maintenance Permit No	: <u>v2902 k 3895</u> Ma	aintainer Name and	I License No. Meye	r Sewer Service/ L915	
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			
-6	no provide measurements)	= % Sludge & Scum Tanks must be pumped if 25% or greater			
2. Were all covers sec	nove septage: Maintenan curely replaced? A Yes of of tank leakage from a sept aged, cracked, or structura	□ No tic, holding, pretr	eatment or pump	tank below the operat	ing depth or
	Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1	☐ Yes 🎗 No	☐ Yes X No	☐ Yes KNo	
	Septic/Holding Tank #2	☐ Yes ☐ No	☐ 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 1500	gal Tank #2 /000	gal Pretreatmen	t tankg	al Pump Tank	gal
5. Other information	: List any troubleshooting	, minor repairs co	nducted, tank safe	ety concerns, or other	concerns.
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6. Location of septage disposal: WTP St Paul					