

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

This section must be	completed in its entirety to	o constitute a val	id maintenance pe	rmit. This permit mu	ist be completed	
prior to perfor	ming maintenance activitie	s and remain on-	site for the duration	on of the maintenanc	e activity.	
Date of Maintenance:	9/19/16 Reason for	or Maintenance: _	Routine)			
Property Address:	9/19/16 Reason for 2772 20th St	. 47 P	roperty Owner's Na	me: Brian 1	Rouge	
,	Lakelund ZIP: 5508				_	
0	o: W 4225 d 4256 Ma				ı	
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				
☐ Yes ☐ No (if r	no provide measurements)	= % Sludge & Scu	= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to rem	nove septage: Maintenand	ce Hole 🔲 Other (e	nter authorization co	de)		
2. Were all covers see	curely replaced? X Yes	□No				
	of tank leakage from a sept aged, cracked, or structura				ting depth or	
	Tank	Leaking Out	Leaking In	Cover Damage		
	Septic/Holding Tank #1	☐ Yes No	☐ Yes No	☐ Yes 风No		
	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) gal Pretreatment tank gal Pump Tank gal						
	: List any troubleshooting,				concerns.	
6. Location of septage	e disposal:	HY St.	tank.			