



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

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: 10/13/16 Reason for Maintenance: ROUTINE

Property Address: 2440 LISBON AVE. N. Property Owner's Name: CHARLES GALLO

Municipality: LAKE ELMO ZIP: 55042 Property Identification Number: _____

Maintenance Permit No: g7108z4694 Maintainer Name and License No. Meyer Sewer Service/ L915

| Maintenance Performed | Tank Measurement (must be completed if tanks NOT pumped) |
|---|--|
| <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 Sludge + Scum _____ / Liquid Level _____ X 100 = % 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 | <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 type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input 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 type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- How many gallons of septage were removed?
 Tank #1 1200 gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank _____ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

- Location of septage disposal: WTP

Maintenance activities must be reported to the Department within 90 days.