

## 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 m	ust be completed
prior to perfor	ming maintenance activitie	es and remain op-	site for the dyratic	on of the maintenanc	ce activity.
Date of Maintenance:	7-13-17	or Maintenance: /	Cea Ma	int	
7	1711 T	T X/-		X1./-	Harris
Property Address:	19 20000 C	/ / V P	roperty Owner's Na	me: <u>//e//e</u>	Hener
Municipality:	water ZIP: 550	Property Iden	tification Number:		_
Maintenance Permit No	1 478/ 58/5M	— aintainer Name an	d License No. Smili	ie's Sewer Service/L2	428
Manrechance r erime re	· <u>C1006000</u>				
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 no provide measurements)		= % Sludge & Scum Tanks must be pumped if 25% or greater			
<ul><li>2. Were all covers see</li><li>3. Is there evidence of</li></ul>	nove septage: Maintenan curely replaced? Yes C of tank leakage from a sept ged, cracked, or structura	☐ No :ic, holding, pretr	eatment or pump t	tank below the opera	ating depth or
	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 ☑ No	
	Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Pump Tank	☐ Yes No	☐ Yes ☑ No	☐ Yes No	
Tank #1 1500	of septage were removed?  gal Tank #2  List any troubleshooting,	gal Pretreatmen			
6. Location of septage	e disposal: Chisag	o Lan	d App	ply	