

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 constitute a valid maintenance permit. This permit must be complete | | | | | | |
|--|--------------------------|--|--|--------------|-----|--|
| prior to performing maintenance activities and remain on-site for the duration of the maintenance activity. | | | | | | |
| Date of Maintenance: $\frac{2/26/17}{20}$ Reason for Maintenance: Maintenance | | | | | | |
| Property Address: 1163 Laman ave S. Property Owner's Name: Jamas Zempel | | | | | | |
| Municipality: C. 2 ZIP: 550/6 Property Identification Number: | | | | | | |
| | | | | | | |
| Maintenance Permit No: 1012465879 Maintainer Name and License No. Meyer 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 | | | | |
| ☐ Yes ☐ No (if | no provide measurements) | = % Sludge & Scu | = % Sludge & Scum Tanks must be pumped if 25% or greater | | | |
| 1. Access used to remove septage: 🛛 Maintenance Hole 🗆 Other (enter authorization code) | | | | | | |
| 2. Were all covers securely replaced? Yes □ No | | | | | | |
| 3. 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 | ☐ Yes ⊠ No | ☐ Yes 风No | ☐ Yes ☒No | | |
| | Septic/Holding Tank #2 | ☐ Yes ဩNo | ☐ Yes 🔀 No | ☐ Yes ဩNo | | |
| | 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 1250 | gal Tank #2 /250 | gal Pretreatmen | t tankga | l Pump Tank | gal | |
| 5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns. | | | | | | |
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| 6. Location of septage disposal: St. Paul, WIP | | | | | | |