

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 entire prior to performing maintenance act | ety to constitute a vaivities and remain or | alid maintenance para | permit. This permit | must be completed | |
|---|---|--|----------------------|-------------------|--|
| | son for Maintenance: | | tion of the maintene | ince activity. | |
| Property Address: 7831 50th 5th Departy Owner's Name: Ron Ott | | | | | |
| Municipality: Lake Elico ZIP: 55040 Property Identification Number: | | | | | |
| Maintenance Permit No: 77 Low le (0186) Maintainer Name and License No. Pinky's Environmental Sewer Service/ L1673 | | | | | |
| | | | | | |
| Maintenance Performed | Tank Mea | Tank Measurement (must be completed if tanks NOT pumped) | | | |
| Tank(s) Pumped | Liquid Level of | Liquid Level of Tank ——— in | | | |
| ☐ Sludge and scum measured | Sludge Level in | Sludge Level in Tank in Scum Level in Tank in | | | |
| Do tanks need to be pumped? | Sludge + Scum | Sludge + Scum / Liquid Level X 100 | | | |
| \square Yes \square No (if no provide measuremen | ts) = % Sludge & Sc | = % 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? \square Yes \square No | | | | | |
| 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 | | |
| 4. How many gallons of septage were removed? | | | | | |
| Tank #1 800 gal Tank #2 800 | gal Pretreatment | tankg | al Pump Tank | gal | |
| 5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns. | | | | | |
| System to old for | manholog | | | | |
| | | | | | |
| | | | 9 | | |
| Pinky's Environmental Sewer Service Inc. | | | | | |

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673

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