



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: 7-28-17 Reason for Maintenance: 3yr program
 Property Address: 23424 Manningville North Property Owner's Name: Jito Renelt
 Municipality: Scandia ZIP: _____ Property Identification Number: 50077497521
 Code # _____ Maintenance Permit No: 5077497521 Maintainer Name and License No. Bergerson Sewer 356

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <u>Let tank 1250 or 1500</u> <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input checked="" 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) 5077497521
- 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input 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

4. How many gallons of septage were removed?
 Tank #1 1250 or 1500 gal Tank #2 N gal Pretreatment tank N gal Pump Tank _____ gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.
No problems - baffles fine & in place

6. Location of septage disposal: Chicago County

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 JUL 31 2017

651-257-6899
 Office #

PUBLIC HEALTH

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