



## 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 completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.  Date of Maintenance:  Reason for Maintenance:  Property Address:  Property Address:  Property Owner's Name:			
		Telegraphic Control of the Control o	
		Municipality: ZIP: ZIP:	Property Identification Number:
Maintenance Permit No: 0627866359	Maintainer Name and License No. Pinky's Environmental Sewer Service/ L167		
Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)		
Tank(s) Pumped	Liquid Level of Tank ———— in		
$\square$ 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		
$\square$ Yes $\square$ No (if no provide measurements	s) = % Sludge & Scum Tanks must be pumped if 25% or greater		
	eptic, holding, pretreatment or pump tank below the operating depth or urally unsound maintenance hole covers?     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 / 5000 gal Tank #2	ed? gal Pretreatment tankgal Pump Tankgal		
	g, minor repairs conducted, tank safety concerns, or other concerns.		
6. Location of septage disposal:	5t.As		
Pilik	y's Environmental Sewer Service Inc. PO Box 354		

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

Afton MN 55001 P: 651-439-4847 License Number: L1673