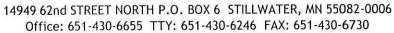


## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

**GOVERNMENT CENTER** 





## 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: Rowhinc						
Property Address: 0055 Halley Ave 5 Property Owner's Name: Agundson						
Municipality: Coltage glove ZIP: 5506 Property Identification Number:						
Maintenance Permit N	o: X9588I5750 A	Maintainer Name ar	d License No. <u>7</u>	189 Schlor	1Ka Serv	
Maintena	nce Performed	Tank Meas	urement (must be	completed if tanks N	OT pumped)	
Tank(s) Pumped		Liquid Level of 1	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						
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 ☐ 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 \600	gal Tank #2	gal Pretreatmen	t tankg	al Pump Tank	gal	
5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.						
2			in ordina valvadija da alika da alika da a			
6. Location of septage disposal:						