Washington County

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: _7-27-17_ Reason for Maintenance: _Cleaning_

Property Address: _12166 228th St N_ Property Owner's Name: _Mark Lofstrom_

Municipality: _Scandia_ ZIP: _55073_ Property Identification Number: ____

Maintenance Permit No: _087207566_ Maintainer Name and License No. Smilie's Sewer Service/L2428

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 & 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 _1,500_ gal   Tank #2 _1,000_ gal   Pretreatment tank ____ gal   Pump Tank _300_ gal

5. **Other information:** List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

   ____

   ____

6. **Location of septage disposal:** ____

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