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: _11/30/17_ Reason for Maintenance: _Routine_

Property Address: _10755 Nyberg Ave. S._ Property Owner's Name: _Paul Brummond_

Municipality: _Denmark_ ZIP: _55033_ Property Identification Number: _____

Maintenance Permit No: _m5610n9230_ Maintainer Name and License No. _____

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 _1200_ gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank _____ gal

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

Pumped thru 4" pipe older System

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

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