Washington County

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 entiret	ly to constitute a v	alid maintenance i	permit. This permit me	ust he completed	
<u>prior</u> to performing maintenance activ	rities and remain o	n-site for the dura	tion of the maintenance	ce activity.	
Date of Maintenance: 5/25/17 Reaso	on for Maintenance:	Partin		,.	
Property Address: 8991 130 5	1 1	Property Owner's I	Name: Privt G	thorie	
Municipality: Municipality: ZIP: 55	110			MINIT	
2/4/2/1/ (2-2		entification Number		_	
Maintenance Permit Not 190111665	Maintainer Name a	nd License No. Pinl	ky's Environmental Sew	er Service/ L1673	
Maintenance Performed	Tank Mea	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	= % Sludge & Sc	= % Sludge & Scum Tanks must be pumped if 25% or greater			
3. Is there evidence of tank leakage from a se evidence of damaged, cracked, or structure.	rally unsound main	tenance hole cove	tank below the operaters? Yes No	ing depth or	
Tank	Leaking Out	Leaking In	Cover Damage		
Septic/Holding Tank #1	☐ Yes ☑ No	☐ Yes ☑ No			
	es _ 110	□ res □ No	☐ Yes ☑ No		
Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No		
Septic/Holding Tank #2 Pretreatment Tank		_			
Pretreatment Tank Pump Tank	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pretreatment Tank	Yes No Yes No Yes No Yes No Percentage No Pe	Yes No Yes No Yes No tank ganducted, tank safe	Yes No Yes No Yes No Pump Tank ty concerns, or other of	oncerns.	

PO Box 354

Afton MN 55001

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