## 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

	erforming maintenance activ	vities and remain o	n-site for the dur-	permit. This permit	must be complet	
Date of Maintena		on for Maintenance:			ance activity.	
		In 18 2 Sc	Rannu	7 10 1	D	
roperty Address:	200 Quanting	n ric sc	Property Owner's	Name: KENDENT	Behmen	
Municipality: <u>(</u>	Muchel zip:550	Property Ide	entification Numbe	r:		
Maintenance Pern	nit No: <u>@643</u> Zc \\588	Maintainer Name a	and License No. Pin	kv's Environmental S	ewer Conside / L1/	
				s environmental 5	ewer Service/ LT6,	
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	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?		Sludge + Scum	Sludge + Scum / Liquid Level X 100			
Yes No (if no provide measurements)			= % Sludge & Scum Tanks must be pumped if 25% or greater			
<ol> <li>Access used to</li> </ol>	remove septage:   Mainten	ance Hole Other (	enter authorization c	ode)		
<ol><li>Is there eviden</li></ol>	s securely replaced? Yes ice of tank leakage from a se amaged, cracked, or structu	ptic, holding, pret	reatment or pump	tank below the opeers?  Yes WNo	rating depth or	
	Tank	Leaking Out	Leaking In	<b>Cover Damage</b>	'	
	Septic/Holding Tank #1	Leaking Out  Yes No	Leaking In  Yes No	Cover Damage  Yes No		
	Secretary and the secretary secretar					
	Septic/Holding Tank #1	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐No		
	Septic/Holding Tank #1 Septic/Holding Tank #2	☐ Yes ☑ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No		
. How many gallo	Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank ons of septage were removed	☐ Yes ☑ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Tank #1 1200	Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank ons of septage were removed gal Tank #2	Yes No Yes No Yes No Yes No Yes No	☐ Yes ☐ No	Yes No Yes No Yes No Yes No	σal	
Tank #1 1200	Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank ons of septage were removed gal Tank #2	Yes No Yes No Yes No Yes No Yes No	☐ Yes ☐ No	Yes No Yes No Yes No Yes No	gal gal	
Tank #1 1200	Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank ons of septage were removed	Yes No Yes No Yes No Yes No Yes No	☐ Yes ☐ No	Yes No Yes No Yes No Yes No	gal er concerns.	
Tank #1 1200	Septic/Holding Tank #1  Septic/Holding Tank #2  Pretreatment Tank  Pump Tank  ons of septage were removed  gal Tank #2  ion: List any troubleshooting	Yes No Yes No Yes No Yes No Yes No Personal No Pretreatment The state of the state	Yes No Yes No Yes No Yes No tank ganducted, tank safe	Yes No Yes No Yes No Yes No	er concerns.	
Tank #1 200	Septic/Holding Tank #1  Septic/Holding Tank #2  Pretreatment Tank  Pump Tank  ons of septage were removed  gal Tank #2  ion: List any troubleshooting  age disposal:	Yes No Yes No Yes No Yes No Yes No Personal No Pretreatment The state of the state	Yes No Yes No Yes No Yes No Yes No tank ganducted, tank safe	Yes No Yes No Yes No Yes No Yes No Yes No Hell Pump Tank Tank ty concerns, or other	er concerns.	
Tank #1 200	Septic/Holding Tank #1  Septic/Holding Tank #2  Pretreatment Tank  Pump Tank  ons of septage were removed  gal Tank #2  ion: List any troubleshooting  age disposal:	Yes No Yes No Yes No Yes No Yes No Resident No Residen	Yes No Yes No Yes No Yes No Yes No tank ganducted, tank safet	Yes No Yes No Yes No Yes No Yes No Yes No Hell Pump Tank Tank ty concerns, or other	er concerns.	

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