## 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

	and completed in its elitile	ty to constitute a v	alid maintenance	pormit This		
	st be completed in its entire erforming maintenance activ	villes and remain o	nesita for the dure	permit. This permit i	nust be complete	
Date of Maintena	nce: 7-1-18 Reason	on for Maintenance:	Rantini	the maintenar	ice activity.	
Property Address:	157 QUALIA	ve V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16	
Municipality (C)	157 Quent A	ic rcc	Property Owner's	Name: Mn M	clenna	
municipatity:	heland zip: 55	Property Ide	entification Numbe	r:		
Maintenance Pern	nit No: <u>V4359 n 11573</u>	Maintainer Name a	and License No. Pin	kv's Environmental Sev	wer Service / L145	
				, s = m ommerituit Se	ver service/ L16/	
Maintenance Performed		Tank Mea	Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped			Liquid Level of Tank — in			
Sludge and scum measured		- 11	Sludge Level in Tank in Scum Level in Tank in			
Do tanks need to be pumped?		Sludge + Scum	Sludge + Scum / Liquid Level X 100			
$\square$ Yes $\square$ No (if no provide measurements)			= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to	remove septage:   Mainten	ance Hole Other (	ontor suth a -i	- I I I I I I I I I I I I I I I I I I I	23% of greater	
2. Were all cover	s securely replaced? \(\simega\) Yes		enter authorization c	ode) To old		
3. Is there eviden	ice of tank lookage from a se	□ NO				
evidence of d	ce of tank leakage from a se amaged, cracked, or structu	ptic, holding, preti	reatment or pump	tank below the opera	iting depth or	
		- ansound main	tenance note cove	ers?  Yes  No		
	Tank	Leaking Out	Leaking In	Cover Damage		
	Septic/Holding Tank #1	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
	Septic/Holding Tank #2	☐ Yes ☐ No				
		cs110	☐ Yes ☐ No	☐ Yes ☐ No		
	Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No		
	Pretreatment Tank Pump Tank		☐ Yes ☐ No	☐ Yes ☐ No		
ł. How many gallo	Pump Tank ons of septage were removed	Yes No	☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No		
Tank #1/00	Pump Tank ons of septage were removed gal Tank #2	Yes No Yes No Regal Pretreatment	☐ Yes ☐ No ☐ Yes ☐ No tank	Yes No Yes No		
Tank #1/00	Pump Tank ons of septage were removed gal Tank #2	Yes No Yes No Regal Pretreatment	☐ Yes ☐ No ☐ Yes ☐ No tank	Yes No Yes No	gal	
Tank #1/00	Pump Tank ons of septage were removed	Yes No Yes No Regal Pretreatment	☐ Yes ☐ No ☐ Yes ☐ No tank	Yes No Yes No	gal concerns.	
Tank #1/00	Pump Tank ons of septage were removed gal Tank #2	Yes No Yes No Regal Pretreatment	☐ Yes ☐ No ☐ Yes ☐ No tank	Yes No Yes No	gal concerns.	
Tank #1/00	Pump Tank ons of septage were removed gal Tank #2 6000 on: List any troubleshooting	Yes No Yes No Regal Pretreatment	☐ Yes ☐ No ☐ Yes ☐ No tank	Yes No Yes No	gal concerns.	
Tank #1//DO	Pump Tank ons of septage were removed gal Tank #2 6000 on: List any troubleshooting	Yes No Yes No Regal Pretreatment	☐ Yes ☐ No ☐ Yes ☐ No tank	Yes No Yes No	gal concerns.	
Tank #1//DO	Pump Tank  ons of septage were removed  gal Tank #2 6000  on: List any troubleshooting	Yes No Yes No Residence Yes No Residence Resid	Yes No Yes No tank ga	Yes No Yes No	gal concerns.	
Tank #1//DO	Pump Tank  ons of septage were removed  gal Tank #2 6000  on: List any troubleshooting	Yes No Yes No Regal Pretreatment	Yes No Yes No tank ganducted, tank safet	Yes No Yes No	gal concerns.	

Afton MN 55001

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