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: _5/4/10_ Reason for Maintenance: _Routine_

Property Address: _15615 Oakhill Rd N_ Property Owner's Name: _Allen Danielowski_

Municipality: _Marine on St Croix_ ZIP: _5504_ Property Identification Number: _____

Maintenance Permit No: _103400119_ Maintainer Name and License No. _ABS Sanitation_

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 _1250_ 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.

   _____

   _____

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