## 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 entirety  | to constitute a v  | alid maintenance p                                       | permit. This permit   | must be completed  |  |
|-------------------------------------|----------------------------|--|--|-----------------------|--------------------|--|
| prior to perfo                      | rming maintenance activi   | ties and remain o  | n-site for the dura                                      | tion of the maintena  | nce activity.      |  |
| Date of Maintenance:                | 1 /                        | n for Maintenance:                                       |  |                       | ,.                 |  |
| Property Address:                   |                            |  | Property Owner's N                                       | Name: WWWS            | Boetener           |  |
| Municipality: <u>Still</u>          |                            |  | entification Number                                      |                       |                    |  |
| Maintenance Permit N                | 10: <u>N6746t10802</u>     | Maintainer Name a  | nd License No. Birl                                      | ove Environment I C   |                    |  |
|                                     |                            | Maintainer Haine a                                       | nd License No. Pini                                      | ky's Environmental Se | wer Service/ L1673 |  |
| Maintenance Performed               |                            | Tank Measurement (must be completed if tanks NOT pumped) |  |                       |                    |  |
| Tank(s) Pumped                      |                            | Liquid Level of  | Liquid Level of Tank — in                                |                       |                    |  |
| 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 & Sc  | = % Sludge & Scum Tanks must be pumped if 25% or greater |                       |                    |  |
| 1. Access used to ren               | nove septage:   Maintena   | nce Hole Other (   | enter authorization c                                    | ode)                  |                    |  |
|                                     | curely replaced? Yes       |  |  |                       |                    |  |
|                                     | of tank leakage from a sep |  |  | tank below the oper   | ating donth or     |  |
| evidence of dama                    | ged, cracked, or structur  | ally unsound main  | tenance hole cove  | ers?  Yes No          | acing depth of     |  |
|                                     | 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            |                    |  |
|                                     | of septage were removed    |  |  |                       |                    |  |
| Tank #1 ( ) CC                      | _gal Tank #2               | _gal Pretreatment  | tankga   | al Pump Tank          | gal                |  |
| 6. Other information:               | List any troubleshooting,  | minor repairs cor  | ducted, tank safe  | ty concerns, or other | r concerns.        |  |
|                                     |                            |  |  |                       |                    |  |
| Location of and                     | C) 16:                     | 1  |  |                       |                    |  |
| . Location of septage               | disposal:                  |  |  |                       |                    |  |
|                                     | Dialo                      | - F  |  |                       |                    |  |
|                                     | rinky                      | s Environmental Se                                       |  |                       |                    |  |
|                                     |                            | PO Box 35  | +  |                       |                    |  |

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

Afton MN 55001