



DEPARTMENT OF PUBLIC UTILITIES AND ENVIRONMENT

COMMUNITY DEVELOPMENT

WASHINGTON COUNTY, WASHINGTON 98143-1000

PHONE: (509) 435-4111 FAX: (509) 435-4110

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Subsurface Sewerage Treatment System Maintenance Permit

This section must be completed in its entirety to constitute a valid maintenance permit. This permit must be completed BEFORE performing maintenance activities and remains in effect for the duration of the maintenance activity.

Date of maintenance: 8/28/88 Name for maintenance: Lakeland
 Property address: 4411 Blue Road Property owner's name: Lynne Cagle
 Maintenance: Rebuilding WWTSS Property Identification Number: _____
 Maintenance permit no. 85589-1588 Maintenance term and license no. 855-6715

Maintenance Performed

Tank(s) Ruptured
 Manhole and access removed
 Do tanks need to be pumped?
 Yes No (If no provide measurements)

Tank measurement(s) (must be completed if tanks will be pumped)

Liquid Level of Tank _____ in _____ in
 Sludge Level in Tank _____ in Sludge Level in Tank _____ in
 Sludge in Manhole _____ / Liquid Level _____ x 100
 * 1/3 Sludge & Scum _____ Tanks must be pumped if 20% or greater

Access used to remove sewage: manholes only other (per maintenance code) Per ABO

Were all covers securely replaced? Yes No

Is there evidence of tank leakage from a manhole, building, privy, or pump tank being left operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole cover(s)? NO

Tank	Leaking into	Leaking to	Over Storage
Septic/holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Maintenance Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Are there any signs of sewage water returned?

Tank #1 NO per Tank #2 _____ per Privy/Manhole _____ per Pump Tank _____ per

Other information (if any troubleshooting, water repairs conducted, tank safety concerns, or other concerns): _____

Location of sewage disposal: _____

Payco Sewer Service, Inc.
 5005 Mountain Ave S
 Allyn, WA 98001
 Licensed WQ P. 411-400-0142

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