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: _11/2/18_ Reason for Maintenance: _Routine_

Property Address: _94 Quamwell Ave. N._ Property Owner's Name _Gary Classon_

Municipality: _Lakeland_ ZIP: _55043_ Property Identification Number: _____

Maintenance Permit No: _KO910t13866_ Maintainer Name and License No. _MSS-L915_

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
☑ Tank(s) Pumped ☐ Sludge and scum measured Do tanks need to be pumped? ☐ Yes ☐ No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in Sludge + Scum _____ / Liquid Level _____ X 100 = % 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 _2000_ gal Tank #2 _1600_ gal Pretreatment tank_____ gal Pump Tank _____ gal

5. **Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.**
 Pumped thru standpipes or tanks.

6. **Location of septage disposal:** _____

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