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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

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: _10-11-16_ Reason for Maintenance: _Routine maintenance_

Property Address: _14490 21st St N_ Property Owner's Name: _Dave Norton_

Municipality: _Stillwater_ ZIP: _55082_ Property Identification Number: _____

Maintenance Permit No: _9987w3283_ Maintainer Name and License No. Ron's Sewer Service/ L2103

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 _1500_ gal Tank #2 _1500_ gal Pretreatment tank _____ gal Pump Tank _____ gal

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

   _____
   _____

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

RECEIVED

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PUBLIC HEALTH

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