



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: 5/26/2020 Reason for Maintenance: Regular
 Property Address: 21959 Stearns Dr Property Owner's Name: Kim Bakken
 Municipality: Scandia ZIP: 55073 Property Identification Number: _____
 Maintenance Permit No: _____ Maintainer Name and License No. Row Sewer Service - L3309

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped	Liquid Level of Tank <u>413</u> in
<input checked="" type="checkbox"/> Sludge and scum measured	Sludge Level in Tank <u>9</u> in Scum Level in Tank <u>3</u> in
Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Sludge + Scum <u>12</u> / Liquid Level <u>3</u> X 100 = % Sludge & Scum Tanks must be pumped if <u>25%</u> or greater

- Access used to remove septage: Maintenance Hole Other (enter authorization code)
- Were all covers securely replaced? Yes No
- 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? Yes No

Tank	Leaking Out	Leaking In	Cover Damage
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. How many gallons of septage were removed?
 Tank #1 1200 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.

6. Location of septage disposal: 00-600 84-00

Row Sewer Service
 P.O. Box 236 - 412 Bench St.
 Taylors Falls, MN 55084

P: 651-465-5505 License Number: L3309

*Pd. CK# 2910
 man. @ 22.00
 over 100*

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

White Copy-Maintainer submits to Washington County/Yellow Copy- Maintainer Record/Pink Copy-Property Owner Record