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: **5-3-21** Reason for Maintenance: **Routine**

Property Address: **11491 Hillcrest Drive** Property Owner's Name: **Megan Rocker**

Municipality: **White Bear Lake** ZIP: **55110** Property Identification Number: _____

Maintenance Permit No: **V9860F22485** Maintainer Name and License No. Pinky's Environmental Sewer Service/ L1673

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? ☐ Yes ☑ No

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 **1000** gal Tank #2 **1000** 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: **St. Paul** _____

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