



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

### 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: 10/19/2021 Reason for Maintenance: Regular  
 Property Address: 13840 236th St N Property Owner's Name: Steve Heftmaker  
 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 _____ in
<input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	= % Sludge & Scum Tanks must be pumped if 25% 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

- How many gallons of septage were removed?  
 Tank #1 1250 gal Tank #2 \_\_\_\_\_ gal Pretreatment tank \_\_\_\_\_ gal Pump Tank \_\_\_\_\_ gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: 00.00096.20 A1 Relief line lids

Row Sewer Service  
 P.O. Box 236 - 412 Bench St.  
 Taylors Falls, MN 55084  
 P: 651-465-5505 License Number: L3309

**RECEIVED**  
**OCT 25 2021**  
**PUBLIC HEALTH**

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