



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: 10/25/21 Reason for Maintenance: Regular

Property Address: 19400 Ken's Lane NW Property Owner's Name: Andy Rice

Municipality: Sonest Lake ZIP: 55092 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 _____
Do tanks need to be pumped?	Sludge + Scum _____ / Liquid Level _____
<input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	= % Sludge & Scum _____ Tanks must be pumped if 25% or greater

RECEIVED  
 OCT 28 2021  
 PUBLIC HEALTH

- 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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

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: 00.00096.20

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

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

Rowe Sewer/Wild River Contracting  
Po Box 236  
Taylors Falls, MN 55084

Midwest One Bank  
St Croix Falls, WI 54024

No. 3019

75-511/919

Date 10/25/2021

Pay To The Order Of WASHINGTON COUNTY ENVIRO SER.

\$ \*\*23.00

Twenty-Three and 00/100

Dollars

WASHINGTON COUNTY ENVIRO SER.  
14949 62nd Street North  
PO Box 6  
Stillwater, MN 55082

*Manager, O'Brien*

Memo: RE: Andrew Rice

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