



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: 11/23/21 Reason for Maintenance: Regular
 Property Address: 9340 North Shore Tr Property Owner's Name: JoAnne House
 Municipality: Sawsethake ZIP: 55025 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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- How many gallons of septage were removed?
 Tank #1 1250 gal Tank #2 _____ gal Pretreatment tank _____ gal Pump Tank 0 gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: Al Pelier fields 00.0092.20

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