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: _F-31.21_ Reason for Maintenance: _Routine_

Property Address: _413 Quinnell Ave N_ Property Owner's Name: _Stacey Wiggins_

Municipality: _Lakeland_ ZIP: _55043_ Property Identification Number: _____

Maintenance Permit No: _a9910,23837_ 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) _Too old_

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 _750_ gal   Tank #2 _750_ 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. P___

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