



**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: 72622 Reason for Maintenance: Regular

Property Address: 14770 147th St N Property Owner's Name: Andrew Thomas

Municipality: Mankato on St. Cloud ZIP: 55047 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

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

4. How many gallons of septage were removed?  
 Tank #1 1000 gal Tank #2 0 gal Pretreatment tank \_\_\_\_\_ gal Pump Tank 200 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
 \_\_\_\_\_

6. Location of septage disposal: \_\_\_\_\_

**RECEIVED**

AUG 01 2022

Row Sewer Service  
 P.O. Box 236 - 412 Bench St.  
 Taylors Falls, MN 55084

P: 651-465-5505 License Number: L3309

**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