Washington County

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 con	mpleted in its entirety ng maintenance activit					
Date of Maintenance: $\underline{6}$,	
Property Address: <u>4370</u>				ame: Harold Cor	Wha	
Municipality Lake Cl						
Maintenance Permit No:					 wer Service/ I 16	
				,	THE SELVICE ETC	
Maintenance Performed		Tank Mea	Tank Measurement (must be completed if tanks NOT pumped)			
Tank(s) Pumped		Liquid Level of	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 & Sc	= % Sludge & Scum Tanks must be pumped if 25% or greater			
1. Access used to remov	e septage: Maintenar	nce Hole Other (enter authorization co	ode)		
2. Were all covers secure				,		
3. Is there evidence of to evidence of damaged	ank leakage from a sep I, cracked, or structura				ating depth or	
	Tank	Leaking Out	Leaking In	Cover Damage		
Se	ptic/Holding Tank #1	Yes No	□ Yes □ No	☐ Yes ☐ No		
Se	otic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pre	etreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Pu	mp Tank	Yes No	☐ Yes ☐ No	☐ Yes ☐ No		
4. How many gallons of s	eptage were removed?					
Tank #1/000 ga	al Tank #2	gal Pretreatment	t tankga	al Pump Tank	gal	
5. Other information: Lis		minor repairs con	nducted, tank safe	ty concerns, or othe		
5. Location of septage dis	posal: Whyp					

Pinky's Environmental Sewer Service Inc.

PO Box 354

Afton MN 55001

P: 651-439-4847 License Number: L1673