# 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: 8/22/16   Reason for Maintenance: Routine

Property Address: 14611 Manning Tr N   Property Owner's Name: Sean Albston

Municipality: Stillwater   ZIP: _____   Property Identification Number: _____

Maintenance Permit No: 62059-373   Maintainer Name and License No. Smilie's Sewer Service/L2428

| Maintenance Performed | Tank Measurement (must be completed if tanks NOT pumped) |
|---|---|
| ☒ Tank(s) Pumped <br> ☐ Sludge and scum measured <br> Do tanks need to be pumped? <br> ☐ Yes ☐ No (if no provide measurements) | Liquid Level of Tank _____ in <br> Sludge Level in Tank _____ in   Scum Level in Tank _____ in <br> Sludge + Scum _____ / Liquid Level _____ X 100 <br> = % 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?**

| 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 1500 gal   Tank #2 _____ 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:** _____

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