



**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: 8/25/16 Reason for Maintenance: Routine  
 Property Address: 22037 Peabody Rd N Property Owner's Name: David Baczewski  
 Municipality: Scandia ZIP: \_\_\_\_\_ Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: 4200362 Maintainer Name and License No. Smilie's Sewer Service/L2428

**Maintenance Performed**

**Tank Measurement (must be completed if tanks NOT pumped)**

- Tank(s) Pumped
- Sludge and scum measured
- Do tanks need to be pumped?
- Yes  No (if no provide measurements)

Liquid Level of Tank \_\_\_\_\_ in  
 Sludge Level in Tank \_\_\_\_\_ in Scum Level in Tank \_\_\_\_\_ in  
 Sludge + Scum \_\_\_\_\_ / Liquid Level \_\_\_\_\_ X 100  
 = % 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	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 1200 gal Tank #2 1000 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: \_\_\_\_\_