## 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

| T1.   |                                     |  |                     | , statistical         | Tarice i ci iiit   |
|---|-------------------------------------|--|---------------------|-----------------------|--------------------|
| This section must                                       | be completed in its entirety        | to constitute a v  | alid maintenance    | permit. This permit   | must be completed  |
| prior to pe   | morning maintenance activit         | ies and remain o   | n-site for the dura | ation of the maintena | ince activity.     |
| Date of Maintenand                                      | ce: <u>/0-73-73</u> Reason          | for Maintenance:   | Reethine            |                       |                    |
| Property Address:                                       | 5115 Warner A                       | re   | Property Owner's    | Name: JIM-            | En Guara           |
| Municipality: PIN                                       | e Springs ZIP: 551                  | S Property Ide   | entification Numbe  | r:                    |                    |
| Maintenance Permi                                       | it No: \$1021032607 N               | laintainer Name a  | and License No. Dia | la Ja E               |                    |
|   |                                     | americanic ranic a                                       | and License No. Pin | ky s Environmental Se | wer 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 Court in                         |                     |                       |                    |
| Do tanks need to be pumped?                             |                                     | Sludge + Scum / Liquid Level X 100                       |                     |                       |                    |
| $\square$ Yes $\square$ No (if no provide measurements) |                                     | = % Sludge & Scum Tanks must be pumped if 25% or greater |                     |                       |                    |
| 1. Access used to r                                     | remove septage: Maintenand          |  |                     | and must be pumped    | 11 25% or greater  |
|   | maged, cracked, or structural  Tank | Leaking Out  | Leaking In          | Cover Damage          |                    |
|   | Septic/Holding Tank #1              | ☐ Yes ⋈o   | ☐ 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                |                    |
| . How many gallon                                       | s of septage were removed?          |  |                     |                       |                    |
| Tank #1/500   | gal Tank #2g                        | gal Pretreatment   | tank ga             | al Pump Tank          | gal                |
| . Other informatio                                      | n: List any troubleshooting, n      | ninor repairs cor  | ducted, tank safe   | ty concerns, or other | Concerns           |
| Mone  |                                     |  |                     |                       | concerns.          |
|   |                                     |  |                     |                       |                    |
| Location of septag                                      | ge disposal: WWT                    | 1  |                     |                       |                    |
|   |                                     |  |                     | 4                     |                    |
|   | Pinky's E                           | Environmental Se   | wer Service Inc.    |                       |                    |
|   |                                     | PO Box 354   | 4                   |                       |                    |
|   |                                     | Afton MN 550   | 001                 |                       |                    |

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

P: 651-439-4847 License Number: L1673