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 | completed in its entires | ty to constitute a valid maintena | nce permit. This permit must be com | | |
|-----------------------------|--------------------------|--|--|--------|--|
| <u>prior</u> to perfor | ming maintenance activ | vities and remain on-site for the | duration of the maintenance activity. | pletec | |
| Date of Maintenance: | 11-10-23 Reason | on for Maintenance: | adiation of the maintenance activity. | | |
| Property Address: 13 | TO ace To | Breag Reproperty Owner | er's Name: Acron Johnson | | |
| Municipality: <u>(</u> | land zip:55 | Property Identification Nur | mber. | 7/1 | |
| Maintenance Permit No | :N6446v32560 | Maintainer Name and License No. | Pinky's Environmental Sewer Service/ | | |
| / | | Maintenner Hame and License No. | PINKY'S Environmental Sewer Service/ | L1673 | |
| Maintenance Performed | | Tank Measurement (mu | 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 Scum Level in Tank in | | |
| Do tanks need to be pumped? | | Sludge + Scum / Liquid Level X 100 | | | |
| ☐ Yes ☐ No (if r | o provide measurements | s) = % Sludge & Scum | Tanks must be pumped if 25% or grea | tor | |
| 1. Access used to rem | ove sentage: Mainton | ance Hole Other (enter authorizati | The particle in 25% of great | | |
| - | Tank | rally unsound maintenance hole of Leaking Out Leaking In | Cover Damage | | |
| | Septic/Holding Tank #1 | ☐ Yes ☐ No ☐ Yes ☐ N | lo Yes No | | |
| | Septic/Holding Tank #2 | ☐ Yes ☐ No ☐ Yes ☐ N | o Yes No | | |
| | Pretreatment Tank | ☐ Yes ☐ No ☐ Yes ☐ N | o Yes No | | |
| _ | Pump Tank | ☐ Yes ☐ No ☐ Yes ☐ N | o Yes No | | |
| . How many gallons of | septage were removed | ? | | | |
| Tank #1 /2 3 L | gal Tank #2 | gal Pretreatment tank | gal Pump Tank gal | | |
| . Other information: I | ist any troubleshooting | , minor repairs conducted, tank s | safety concerns, or other concerns. | | |
| | not | hira | | | |
| Lagation | | The state | | | |
| . Location of septage d | isposal: | w ren ment Pla | t St. Kar) | | |
| | Pinky' | 's Environmental Sewer Service Inc | | | |
| | | PO Box 354 | * | | |
| | | Afton MN 55001 | | | |

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

P: 651-439-4847 License Number: L1673