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 I | pe completed in its entirety | to constitute a va | alid maintenance p | ermit. This permit i | must be completed | |
|-----------------------------|--|--|--|---|---------------------|--|
| Date of Maintenance | forming maintenance activi e: 12-16-23 Reason | n for Maintenance: | 1924 | tion of the maintena | nce activity. | |
| Property Address: _ | 901 Quentin au | re S | Property Owner's N | lame: RJ kno | 00 | |
| Municipality: Zak | celand ZIP: 550 | 943 Property Ide | ntification Number | : | | |
| | No: 11512N33405 | | | | wor Conside / 11677 | |
| / | | The second of th | rid Erectise No. 1 mir | dy's Environmentat se | wei service/ L1673 | |
| 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 | Sludge Level in Tank in Scum Level in Tank in | | | |
| Do tanks need to be pumped? | | Sludge + Scum | Sludge + Scum / Liquid Level X 100 | | | |
| ☐ Yes ☐ No (| if no provide measurements) | = % Sludge & Sc | = % Sludge & Scum Tanks must be pumped if 25% or greater | | | |
| evidence of dan | Tank Septic/Holding Tank #1 Septic/Holding Tank #2 Pretreatment Tank Pump Tank | Leaking Out Yes No Yes No Yes No Yes No Yes No | Leaking In Yes No Yes No Yes No | tank below the operers? Yes No Cover Damage Yes No Yes No Yes No Yes No Yes No | ating depth or | |
| Tank #1 / DDI | gal Tank #2 / PPD n: List any troubleshooting | _gal Pretreatment | tankga | al Pump Tank ty concerns, or othe | gal r concerns. | |
| 6. Location of septag | e disposal: Wh | Treatmen | tp/htst. | for) | | |
| | Pinky' | s Environmental Se | wer Service Inc. | | | |
| | | PO Box 35 | 4 | | | |
| | | Afton MN 55 | 001 | | | |

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

P: 651-439-4847 License Number: L1673