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

	oe completed in its entire forming maintenance acti					
	e: 9-14-23 Reaso				Routine	
Property Address:	1845 Queens Av	e S	Property Owner's N	ame: Rose 1	leland	
	St Croix BeachZIP: 55					
Maintenance Permit	No: 08208;34639	_Maintainer Name a	and License No. <u>Meye</u>	er Sewer Service/ L91	5	
Mainter	nance Performed	Tank Mea	asurement (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) 		Sludge Level ir Sludge + Scum = % Sludge & S	Liquid Level of Tankin Sludge Level in Tankin Scum Level in Tankin Sludge + Scum/ Liquid LevelX 100 = % Sludge & Scum Tanks must be pumped if 25% or greater			
2. Were all covers s 3. Is there evidence	emove septage: Mainter Securely replaced? Yes e of tank leakage from a se naged, cracked, or structu Ta	□ No eptic, holding, pref	treatment or pump	tank below the oper	ating depth or	
	nk					
	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		
Tank #1 \000	gal Tank #2 <u>\000</u> on: List any troubleshooting	gal Pretreatmen	Service g Ave S		gal er concerns.	
	Lice	ense Number: L915	P: 651-459-0162			

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