



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: 07 Aug 24 Reason for Maintenance: Routine

Property Address: 466 5th st Property Owner's Name: Tory Christensen

Municipality: _____ ZIP: 55003 Property Identification Number: _____

Maintenance Permit No: 47996K36548 Maintainer Name and License No. Smilie's Sewer Service / L 2428

| Maintenance Performed | Tank Measurement (must be completed if tanks NOT pumped) |
|--|---|
| <u>1</u> 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 <u>X</u> No (if no provide measurements) | = % Sludge & Scum _____ Tanks must be pumped if <u>25%</u> or greater |

- Access used to remove septage: ___ Maintenance Hole X Other (enter authorization code) PIPE
- Were all covers securely replaced? X Yes ___ No
- 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? ___ Yes X No

| Tank | Leaking Out | Leaking In | Cover Damage |
|------------------------|---------------------|---------------------|---------------------|
| Septic/Holding Tank #1 | ___ Yes <u>X</u> No | ___ Yes <u>X</u> No | ___ Yes <u>X</u> 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 |

4. How many gallons of septage were removed?
 Tank #1 1000 gal Tank #2 _____ 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: Land

Smilie's Sewer Service
 P.O. Box 100
 Scandia, MN 55073
 P: 651-433-3934 License Number: L2428

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

White Copy-Maintainer submits to Washington County / Pink Copy-Property Owner Record