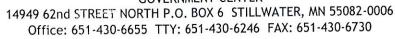


DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER





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					
<u>prior</u> to perforn	ning maintenance activitie	s and remain on-	site for the duration	on of the maintenan	ce activity.
Date of Maintenance: 7-25-16 Reason for Maintenance: Rowline					
Property Address: 1007 Baily RO Property Owner's Name: Bob Crw Ford					
Municipality: Newfort ZIP: 55655 Property Identification Number:					
Maintenance Permit No: HZD4050925 Maintainer Name and License No. Schlonku Schlonku					
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 Scum Level in Tank 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			
 Were all covers securely replaced? ✓ 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? 					
86	Tank	Leaking Out	Leaking In	Cover Damage	
8	Septic/Holding Tank #1	☐ Yes ⊠No	☐ Yes ⊠No	☐ Yes ☒No	
	Septic/Holding Tank #2	☐ Yes ☐ No	\square Yes \square 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?					
			tankg		gal
5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.					