Washington County

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 performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: _10-19-16_   Reason for Maintenance: _Routine Maintenance_

Property Address: _10570 60th St N_   Property Owner's Name: _Todd Brown_

Municipality: _Stillwater_   ZIP: _55082_ Property Identification Number: _____

Maintenance Permit No: _r1369e5074_   Maintainer Name and License No. Ron's Sewer Service/ L2103

Maintenance Performed	Tank Measurement (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)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in Sludge + Scum _____ / Liquid Level _____ X 100 = % Sludge & Scum _____ Tanks must be pumped if 25% or greater

1. Access used to remove septage: ☒ Maintenance Hole ☐ Other (enter authorization code) _____

2. Were all covers securely replaced? ☒ Yes ☐ No

3. 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?

Tank	Leaking Out	Leaking In	Cover Damage
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

4. How many gallons of septage were removed?

Tank #1 _1250_ 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: _____

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PUBLIC HEALTH

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