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

Date of Maintenance: **8/4/16** Reason for Maintenance: **Routine**

Property Address: **1477 Riviera Ave** Property Owner's Name: **DAVID O'DONNELL**

Municipality: **SCB** ZIP: **55043** Property Identification Number: _____

Maintenance Permit No: **f1092f3521** Maintainer Name and License No. **MEYER - L915**

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
[X] 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 [ ] No (if no provide measurements)	= % Sludge & Scum _____ Tanks must be pumped if 25% or greater

1. **Access used to remove septage:** [X] Maintenance Hole [ ] Other (enter authorization code) _____

2. **Were all covers securely replaced?** [X] 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 [X] No	[ ] Yes [X] No	[ ] Yes [X] 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 **1200** 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:** **WTP St. Pnl**

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