# 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: **12-23-16**   Reason for Maintenance: **Reg Maint**

Property Address: **1165 Nightingale Blvd**   Property Owner's Name: **Carol Lowell**

Municipality: **Stillwater**   ZIP: **55082**   Property Identification Number: _____

Maintenance Permit No: **X4761 w5558**   Maintainer Name and License No. **Smilie's Sewer Service/L2428**

| 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 |
| ☐ Yes ☐ No (if no provide measurements) | = % 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 **1000** gal   Pretreatment tank _____ gal   Pump Tank **300** gal

5. **Other information:** List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

_____

6. **Location of septage disposal:** **Chisago Land Apply**

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