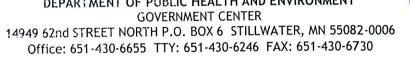


## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER





## Subsurface Sewage Treatment System Maintenance Permit

	completed in its entirety to				
	ning maintenance activitie			on of the maintenand	ce activity.
Date of Maintenance: 10-6-10 Reason for Maintenance: Rowin					
Property Address: 2141 Legion IN Property Owner's Name: EO Lonth					
Municipality: Lake	Elno ZIP: 5504	Z Property Iden	tification Number:		_ ,
Maintenance Permit No	: × Z 70990990 Ma	aintainer Name an	d License No. 2	989 Schl	omka seri
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			
<ol> <li>Were all covers securely replaced? ✓ Yes □ No</li> <li>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?</li> </ol>					
	Tank	Leaking Out	Leaking In	Cover Damage	
	Septic/Holding Tank #1	☐ Yes ☑ No	☐ Yes ►No	☐ Yes ☐₩o	
	Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	$\square$ Yes $\square$ 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?				
			t tank§		gal
5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.					