# 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: **11-29-16**    Reason for Maintenance: **Routine**

Property Address: **8340 147ᵗʰ St N**    Property Owner's Name: **Nancy Wolfe**

Municipality: **Hugo**    ZIP: **55038**    Property Identification Number: _____

Maintenance Permit No: **L9748K5431**    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 **1000** 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: **Metro Waste** _____

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