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: **11/8/16**   Reason for Maintenance: **Routine**

Property Address: **4123 Penfield Ct. S.**   Property Owner's Name: **Kong Xiong**

Municipality: **Afton**   ZIP: **55001**   Property Identification Number: _____

Maintenance Permit No: **n0623w5135**   Maintainer Name and License No. Meyer Sewer Service/ L915

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 **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** _____

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