



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
 GOVERNMENT CENTER  
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006  
 Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

### 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: 6-14-23 Reason for Maintenance: Routine Maintenance  
 Property Address: 14140 Scandia Trail W Property Owner's Name: David & Kristen Jacka  
 Municipality: Scandia MN ZIP: 55073 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: CS252130937 Maintainer Name and License No. Ross Sewer Service/L3448

| Maintenance Performed   | Tank Measurement (must be completed if tanks NOT pumped)  |
|---|---|
| <input checked="" type="checkbox"/> Tank(s) Pumped<br><input type="checkbox"/> Sludge and scum measured<br>Do tanks need to be pumped?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements) | <del>           Liquid Level of Tank _____ in<br/>           Sludge Level in Tank _____ in Scum Level in Tank _____ in<br/>           Sludge + Scum _____ / Liquid Level _____ X 100<br/>           = % Sludge &amp; Scum _____ Tanks must be pumped if 25% or greater         </del> |

- Access used to remove septage:  Maintenance Hole  Other (enter authorization code)
- Were all covers securely replaced?  Yes  No
- 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? None.

| Tank                   | Leaking Out   | Leaking In  | Cover Damage  |
|------------------------|---|---|---|
| Septic/Holding Tank #1 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Septic/Holding Tank #2 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pretreatment Tank      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Pump Tank              | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

4. How many gallons of septage were removed?  
 Tank #1 1,000 gal Tank #2 1,000 gal Pretreatment tank N/A gal Pump Tank N/A gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.  
None.

6. Location of septage disposal: 29052 Dimaggio St NE North Branch MN 55056

Ross' Sewer Service, inc  
 9288 County Rd 5 NE  
 North Branch, MN 55056  
 License# 3448 P: 651-674-4349

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JUN 26 2023

PUBLIC HEALTH

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