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H5702433995

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information Permit #: _____ (pumping code)

Complete 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: 10-12-23 Property ID #: _____

Property Address: 8970 170th St. N Hugo MN 55038
Street Address City State Zip

Property Owner Name: Edward Bryant

Maintenance Performed

- Tanks Pumped:
- Emergency
 - Home Sale
 - High-level alarm
 - Routine/Maintenance
 - Compliance Inspection
 - Repair
 - Other: _____

OR

Sludge and Scum Measured: (must be completed if tanks NOT pumped)

Liquid Level of Tank: _____ in Sludge Level: _____ in

Scum Level: _____ in

Sludge+Scum/ _____ Liquid Level _____ x100= _____ %Sludge & Scum

Tanks must be Pumped if 25% or greater

Maintenance Information

Were all covers securely replaced? Yes No If No, Explain: _____

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit

Tank #1: Yes No Verification Method Used: Visual Gallons Removed: 1500

Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #2: Yes No Verification Method Used: Visual Gallons Removed: NONE

Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #3: Yes No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #4: Yes No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Pump Tank: Yes No Verification Method Used: Visual Gallons Removed: NONE

Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Waste Disposal Method: Treatment plant Land Apply: Location 21.10589.03

Other remarks or Concerns: customer only wanted 1st tank pumped

Maintainer Information

Maintainer Name: Sherco Construction, Inc. Maintainer Signature: Joseph Lenz

Maintainer Address: 79 North Lake Street Forest Lake, MN 55025

Phone Number: (651) 462-1817 License Number: L1675

I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

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



Mailed Client Copy