

UID 50722
N6786R 33998

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: 10-31-23 Property ID #: _____

Property Address: 15385 Jeffrey Ave N Scandia MN 55038
Street Address City State Zip

Property Owner Name: Kenneth Huss

Maintenance Performed

Tanks Pumped:

Emergency

Home Sale

High-level alarm JK

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: 1/4 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: usual Gallons Removed: 1500

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

Tank #2: Yes No Verification Method Used: _____ Gallons Removed: _____

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: _____ Gallons Removed: _____

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

Waste Disposal Method: Treatment plant Land Apply: Location 21.105 89.03

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Sherco Construction, Inc.

Maintainer Signature: [Signature]

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.