

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

	be completed in its entire forming maintenance acti				
Date of Maintenance	e: 9-15-23 Reason	on for Maintenance:		Routine	
Property Address:	5049 Stillwater	Blud N	Property Owner's N	ame: Marvin P	ponev
Municipality: 3	aytown ZIP: 55	082 Property Id	entification Number	:	
	No: e6104 r 34549				5
Mainte	nance Performed	Tank Mea	asurement (must be	completed if tanks I	NOT pumped)
Tank(s) Pumped Sludge and scum tanks need to b	n measured Do	Sludge Level ir Sludge + Scum = % Sludge & S	/ Liquid Le	Scum Level in Tank_ evelX 100 nks must be pumped i	
evidence of dar	maged, cracked, or struct Ta	urally unsound mai Leaking Out	ntenance hole cove	Cover Damage	
	nk		LEGKING III		
	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	
Tank #1 \ \ 0 0 0	ns of septage were remove gal Tank #2on: List any troubleshootin	gal Pretreatmen			
	ge disposal: St. P			ety concerns, or other	Concerns.
		5325 Mannin Afton, MN	g Ave S		

License Number: L915 P: 651-459-0162

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



520 Lafavette Road North St. Paul, MN 55155-4194

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form may be used to certify the compliance status of the sewage tank components of the SSTS. This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government may be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. Page 3 is optional and not required to be completed on routine maintenance events.

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Rep	oorting information				
Dat	e of maintenance (mm/dd/yyyy	1:9/15/23	Reason for mainte	nance: ROUTINS	
Pro	perty address: 5049 S	B//water	Blud N.	Parcel ID:	
	Stillwater Bunt		State: MW	Zip code: _	55082
_			conty		
Pro	perty-owner's address (if differe		0		
City			State:	Zip code: _	
	one number:				
1.	Did you measure the accum			No (tank(s) pumped without	measuring)
	Tank (check if present)	Scum	Sludge	Operating depth	Percent full
	Septic/holding tank #1				
	Septic/holding tank #2				
	☐ Pretreatment tank				
	☐ Pump tank				
2.	Access used to remove sep	itage: Maintenanc	e hole Ø Other (Unles	ss a holding tank, go to #4 t	pelow)
3.	If the maintenance hole was	_			
٥.	h the manifemance note was	useu, were an cover	s secured in place:	□ .00 □	
4.	If the owner refuses to allow	w a Subsurface Sewa	ge Treatment System (SSTS) to be pumped thro	ugh the maintenance
	hole, have them complete a	ind sign the following	statement.		
	(Print owner's name)	, refuse t	o allow the removal of th	ne solids and liquids throug	n the maintenance
	hole. I understand that remov	val of solids and liquids	through other access po	oints is not considered a co	mpliant method of
	solids removal and does not t	fulfill the solids removal	I requirements of Minn. I	R. 7080.2450 and 7082.060	JU.
	By typing/signing my name	below, I certify the ab	ove statements to be tru	ue and correct, to the best of	of my knowledge, and
	that this information can be u	sed for the purpose of	processing this form.	9/15	12
	Owner's signature: Ma	w pro	Date	(mm/dd/yyyy): 9/15	197)
	651 205	6300 • 900 667 3964	Lice your preferrer	d relay service A	vailable in alternative format

Is the tank design Tank #1: Yes Tank #2: Yes Is there evidence Tank (check if prese Septic/holding T Septic/holding T Pretreatment Ta Pump Tank Describe detail for a How many gallons Tank #1: OOO Where was the se Explanation (Facility Did you identify ar Yes ONO Service of Maintenance	No Ver No	rification method unification me	Pretreate tarment facility Conditions Condition Condit	cesspool, display to the sesspool, display to the sessent and	e the ing depth No No No No No sessing the	Maintenance hole cover is damaged, cracked, unsecured, cappears to be structurally unsot Yes No Yes
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. List any troublesh	ooting and min	or repairs compl	leted or dec	lined by o	wner:	r.
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☐ I roubleshooting	and repairs con	iducted:	Rep	pairs declin	ed by owner	* *
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Additional comment	s or suggestions	s for owner's consi	ideration:			
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h Minnesota Rules Cl	•					
As a noncertified indi	vidual who has r	received proper tra	aining, daily v	work review	v, and period	dic observation, or
As a designated certi	fied individual of	f the business liste	d below.		•	
typing/signing my no information can be u	ame below, I co sed for the purp	ertify the above sta	atements to this form.	be true and	d correct, to	the best of my knowledge, and that
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