

### 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 to perform to p	oe completed in its entire forming maintenance acti	ty to constitute a vities and remain	valid maintenance p on-site for the dura	permit. This permit r	nust be complete
Date of Maintenance	e: <u>9-19-23</u> Reaso	on for Maintenance:		Rout	ine
Property Address:	13420 loth St.	N.	_Property Owner's Na	ame: Richard	Cotner
Municipality: We	st Lakeland ZIP: 55	082 Property Id	dentification Number	:	
Maintenance Permit	: No: <u>21777 e 34556</u>	_Maintainer Name a	and License No. Meye	r Sewer Service/ L91	5
Mainter	nance Performed	Tank Me	asurement (must be	completed if tanks	NOT pumped)
☐ Tank(s) Pumped☐ Sludge and scumtanks need to b☐ Yes ☐ No (i	n measured Do	Sludge Level ir Sludge + Scum = % Sludge & S	/ Liquid Le	Scum Level in Tank_evelX 100 nks must be pumped	
2. Were all covers s 3. Is there evidence	emove septage: Mainter securely replaced? Yes e of tank leakage from a so naged, cracked, or struct	□ No eptic, holding, pre	treatment or pump	tank below the oper	ating depth or
	nk				
	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 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		gal Pretreatme ng, minor repairs c  M-2  Meyer Sewer 5325 Mannir  Afton, MN	Service ng Ave S 55001		
	LIC	ense Number: L915	1.031-437-0102		

White Copy-Maintainer submits to Washington County / Yellow Copy-Property Owner Record

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.

	porting information	0/10/23		tenance: Remin ?	
Dat	e of maintenance (mm/dd/yyyy	y): 9/19/23	Reason for main	Parcel ID:	<del></del>
Pro	perty address: 13420	6th 37.10			55082
	Stilwater jusst L				33002
	perty owner's name: Ricl				
	perty-owner's address (if different			7in anda:	
Pho	one number:				
1.	Did you measure the accur	nulation of scum and s	ludge? ☐ Yes 🔽	No (tank(s) pumped withou	it 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 ser	otage:	hole Other (Uni	ess a holding tank, go to #4	below)
		_			
2		5 useu, were an covers	) secured in hince:	[] (C3 [] (10 ) (10, p	TOGOG SAPIGAT GOTOTT
3.	If the maintenance hole was	•			
3.	ir the maintenance noie wa	·			
<ol> <li>4.</li> </ol>	If the owner refuses to allo	w a Subsurface Sewag	e Treatment System	n (SSTS) to be pumped thro	ough the maintenance
	If the owner refuses to allo	w a Subsurface Sewag and sign the following	statement.		
	If the owner refuses to allow hole, have them complete, and Loth	w a Subsurface Sewag and sign the following	statement.	n (SSTS) to be pumped thro	
	If the owner refuses to allow hole, have them complete, and correction (Print owner's name)	w a Subsurface Sewag and sign the following NM , refuse to	statement.  allow the removal of	the solids and liquids throug	gh the maintenance
	If the owner refuses to allow hole, have them complete, a line when the line when the line who is a line when the line who is a	w a Subsurface Sewag and sign the following MM , refuse to val of solids and liquids t	statement.  allow the removal of through other access	the solids and liquids throug	oh the maintenance
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	If the owner refuses to allow hole, have them complete, and the complete of th	w a Subsurface Sewag and sign the following MITC , refuse to val of solids and liquids to fulfill the solids removal to below, I certify the about used for the purpose of p	statement.  In allow the removal of through other access requirements of Minnove statements to be statements.	the solids and liquids throug points is not considered a co . R. 7080.2450 and 7082.06	on the maintenance ompliant method of 600.  of my knowledge, and

Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)  Tank #1:  Yes No Verification method used:  YISUAL  Tank #2: Yes No Verification method used:  VISUAL  Is there evidence of the following?  Tank leaks below the Tank leaks above the damaged, cracked, unsecured,	ity:			Parcel ID:	
Tank #1:			State:	Zip code:	
Tank #2:   Yes   No   Verification method used:   15.U.A.L.    Is there evidence of the following?  Tank leaks below the   designed operating depth   Septicholding Tank #1   Yes   YoNo   Yes   No   Yes   No			ge pit, cesspool, drywell, leachi	ing pit)	
Septicholding Tank #1	Tank #2:  Yes No	Verification method used:	MENAL		
Tank (check if present)    Tank leaks below the designed operating depth   Septic/holding Tank #1   Yes   Mo			VISUAL		
Septic/holding Tank #1			Tank leaks above the		
Septic/holding Tank #2			designed operating depth	appears to be structurally unsour	
Pretreatment Tank	1	Yes No	☐ Yes \☐ No	☐ Yes ♠☐ No	
Pump Tank	Septic/holding Tank #2	Yes No	Yes No	☐ Yes ☐ No	
How many gallons of septage were removed?  Tank #1:	☐ Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
How many gallons of septage were removed?  Tank #1:	☐ Pump Tank	Yes No	☐ Yes ☐ No	☐ Yes ☐ No	
Tank #1:	Describe detail for any "Yes"				
Where was the septage taken?   Wastewater treatment facility   Pland application   Other   Explanation (Facility name/Site #):   M ~ Z   Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?     Yes   DNo   If yes, identify tank and explain:     Evidence of non-domestic waste   Baffle(s) condition   Effluent screen condition     Maintenance hole and extensions condition   Other conditions (e.g. structural integrity of tank or lid, electrical hazard, e	How many gallons of septage Tank #1: 1200 Ta	ge were removed? nk #2: P	retreatment Tank:	Pump Tank:	
Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?  Yes Divo If yes, identify tank and explain:  Evidence of non-domestic waste Baffle(s) condition Effluent screen condition  Maintenance hole and extensions condition Other conditions (e.g. structural integrity of tank or lid, electrical hazard, e explanation:  List any troubleshooting and minor repairs completed or declined by owner:  Troubleshooting and repairs conducted:  Repairs declined by owner:  Additional comments or suggestions for owner's consideration:  The property of the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance on Minnesota Rules Chapters 7080 – 7083:  As a noncertified individual who has received proper training, daily work review, and periodic observation, or as a designated certified individual of the business listed below.  Typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and the information can be used for the purpose of processing this form.  The print name:  MEYER SEWER SERVICE  Print name: Al Thurmes  Certification number: (#applicable):  The print name: Al Thurmes  Certification number: (#applicable):	Where was the septage take	en? Wastewater treatmen	t facility PLand application	Other	
Additional comments or suggestions for owner's consideration:    Repairs declined by owner:	Yes No If yes, iden Evidence of non-dome Maintenance hole and	tify tank and explain: stic waste	ition	tion	
Additional comments or suggestions for owner's consideration:  mping record  proper sonally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance of Minnesota Rules Chapters 7080 – 7083:  As a noncertified individual who has received proper training, daily work review, and periodic observation, or as a designated certified individual of the business listed below.  Ityping/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and the information can be used for the purpose of processing this form.  Inpany information  Period information  Employee information  Period infor			<del>-</del>		
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mping record  ersonally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance in Minnesota Rules Chapters 7080 – 7083:  As a noncertified individual who has received proper training, daily work review, and periodic observation, or As a designated certified individual of the business listed below.  Ityping/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and the information can be used for the purpose of processing this form.  Impany information  Employee information  Print name: Al Thurmes  Certification number: (if applicable):  If yellower Photemail. Com Phone number: (651-459-0162)					
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• 651-296-6300 •

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