

# 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: 10/16/2024 Property ID #: \_\_\_\_\_

Property Address: 11635 Genelefe Ave. White Bear Lake MN 55110  
Street Address City State Zip

Property Owner Name: Ryan Domin

## Maintenance Performed

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

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: Tanks Being Destroyed.

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

~~#1~~ Tank #1:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: 1500  
Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

~~#2~~ Tank #2:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_  
Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

~~#3~~ Tank #3:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_  
Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

~~#4~~ Tank #4:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_  
Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

~~#5~~ 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 2.1. 10589.03

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.