

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: \_\_\_\_\_

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: 5/22/24 Property ID #: \_\_\_\_\_Property Address: 14495 Oldfield Rd Stillwater Mn 55082  
Street Address City State ZipProperty Owner Name: Bill Mellgren

## 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 NOTank #1:  Yes  No Verification Method Used: Usual Gallons Removed: 1200Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #2:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #3:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #4:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoPump Tank:  Yes  No Verification Method Used: Usual Gallons Removed: 300Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoWaste Disposal Method:  Treatment plant  Land Apply: Location At Peffer's Fields 00-0089-00

Other remarks or Concerns: \_\_\_\_\_

## Maintainer Information

Maintainer Name: Row Sewer Service - L 3309 Maintainer Signature: [Signature]

Maintainer Address: P.O. Box 236 - 412 Bench St. Taylors Falls, MN 55084

Phone Number: 651-465-5505

License Number: L3309

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.**