Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 20141F34909

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: 4-29-24   Property ID #: _____

Property Address: 8460 Lofton Ave No Stillwater MN 55082
      Street Address   **City**   **State** **Zip**

Property Owner Name: Carol Rydel

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

Access used to remove septage: ____ Maintenance Hole ✓ Other (enter authorization code)

Were all covers securely replaced? ☐Yes ☐No If No, Explain: System to old for manhole

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

Tank #1: ☑Yes ☐No Verification Method Used: visual   Gallons Removed: 800
Leaking Out: ☑Yes ☐No Leaking In ☐Yes ☑No Cover Damaged: ☐Yes ☐No

Tank #2: ☑Yes ☐No Verification Method Used: visual   Gallons Removed: 800
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 St Paul Met council

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Pinky's Environmental Sewer Service Inc.   Maintainer Signature: _____

Maintainer Address: P.O. Box 354 Afton, MN 55001

Phone Number: 651-439-4847   License Number: L1673

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.