

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: h4911 d34960

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: 5-31-24 Property ID #: \_\_\_\_\_  
 Property Address: 8810 42nd St Nrs Lake Elmo MN 55042  
Street Address City State Zip  
 Property Owner Name: Don Lovitz

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

Tank #1: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verification Method Used: <u>Visual</u>	Gallons Removed: <u>1200</u>
Leaking Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank #2: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____	Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank #3: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____	Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank #4: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____	Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump Tank: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verification Method Used: <u>Visual</u>	Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Disposal Method: <input checked="" type="checkbox"/> Treatment plant <input type="checkbox"/> Land Apply: Location _____	
Other remarks or Concerns: <u>manhole 2nd floor down</u>	

## Maintainer Information

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

