

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: V4379m3538Z

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: 5-29-24 Property ID #: _____

Property Address: 12822 Znel St So Afton MN 55001
Street Address City State Zip

Property Owner Name: Brett Releigh

Maintenance Performed

| | | |
|---|----|--|
| Tanks Pumped: <input type="checkbox"/> Emergency <input type="checkbox"/> Home Sale <input type="checkbox"/> High-level alarm <input checked="" type="checkbox"/> Routine/Maintenance <input type="checkbox"/> Compliance Inspection <input type="checkbox"/> Repair <input type="checkbox"/> 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

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|---|
| Tank #1: <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 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 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 |

Waste Disposal Method: Treatment plant Land Apply: Location WWTP

Other remarks or Concerns: None

Maintainer Information

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

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

Phone Number: 651-439-4847 License Number: L4251

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.

