

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 07461X35388

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: 5-28-24 Property ID #: _____
 Property Address: 1564 Strawberry Hill Rd SW Afton MN 55001
Street Address City State Zip
 Property Owner Name: Aaron McFarlane

Maintenance Performed

Tanks Pumped: <input type="checkbox"/> Emergency <input type="checkbox"/> Home Sale <input checked="" 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
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Maintenance Information

Access used to remove septage: _____ Maintenance Hole Other (enter authorization code) Too Old

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>V. S. 1</u>	Gallons Removed: <u>1500</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 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 St. Paul

Other remarks or Concerns: _____

Maintainer Information

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