

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: 90760035228

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: 5-23-24 Property ID #: \_\_\_\_\_

Property Address: 8465 Deer Pond Trl No Osake Elmo MN 55042  
Street Address City State Zip

Property Owner Name: John Schulte

## 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 <b>Tanks must be Pumped if 25% or greater</b>
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## 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:  Yes  No Verification Method Used: Visual Gallons Removed: 750  
 Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #2:  Yes  No Verification Method Used: Visual Gallons Removed: 750  
 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 WWTP  
 Other remarks or Concerns: None

## 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.

