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# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: 073586235483

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: 9-19-2024 Property ID #: \_\_\_\_\_

Property Address: 10255 217<sup>th</sup> St. Forest Lake MN 55025  
Street Address City State Zip

Property Owner Name: John Johnson 612-790-0304

## Maintenance Performed

- Tanks Pumped:
- Emergency
- Home Sale
- High-level alarm
- Routine/Maintenance
- Compliance Inspection
- Repair
- Other: Abandonment + replaced

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: Tank being crushed + abandon

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

Tank #1:  Yes  No Verification Method Used: NA Gallons Removed: 1250

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #2:  Yes  No Verification Method Used: NA Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #3:  Yes  No Verification Method Used: NA Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #4:  Yes  No Verification Method Used: NA Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Pump Tank:  Yes  No Verification Method Used: NA Gallons Removed: \_\_\_\_\_

Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Waste Disposal Method:  Treatment plant  Land Apply: Location 2.1.15408

Other remarks or Concerns: \_\_\_\_\_

## Maintainer Information

Maintainer Name: **Sherco Construction, Inc.** Maintainer Signature: Joseph H. Sherco

Maintainer Address: **79 Lake Street North Forest Lake, MN 55025**

Phone Number: **651-462-1817** License Number: **L1675**

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.

