

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: +7565028472

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: 7-17-24 Property ID #: _____

Property Address: 19687 MANNING TR N MARIE ST CROIX MN 55047
Street Address City State Zip

Property Owner Name: Ron Ruiz

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

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: 1,200
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #2: Yes No Verification Method Used: N/A Gallons Removed: N/A
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #3: Yes No Verification Method Used: N/A Gallons Removed: N/A
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #4: Yes No Verification Method Used: N/A Gallons Removed: N/A
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 29052 Dimaggio St NE North Branch MN 55056

Other remarks or Concerns: None

Maintainer Information

Maintainer Name: Ross Sewer Service, Inc Maintainer Signature: [Signature]
Maintainer Address: 9288 county Rd. 5 NE North Branch, MN 55056
Phone Number: 651-674-4349 License Number: L3448

RECEIVED
JUL 25 2024

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.

