

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 90792h36646

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: 7/24/24 Property ID #: _____

Property Address: 20060 Olinda Tr Marineau St Croix Mn 55047
Street Address City State Zip

Property Owner Name: Taylor Scott

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

*MCR# 54387
IV# 10510*

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 no

Tank #1: Yes No Verification Method Used: Visual Gallons Removed: 1000

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

Tank #2: Yes No Verification Method Used: Visual Gallons Removed: 0

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 _____

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Row Sewer Service – L 3309 Maintainer Signature: [Signature] **RECEIVED**

Maintainer Address: P.O. Box 236 – 412 Bench St. Taylors Falls, MN 55084

Phone Number: 651-465-5505 License Number: L3309 **AUG 05 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. PUBLIC HEALTH

pd crk# 3422 \$26.00

