

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 14430d 36792

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: 3 SEP 2024 Property ID #: _____

Property Address: 10560 Grand St N Stillwater MN 55082
Street Address City State Zip

Property Owner Name: Tom + Sharon Landshut

Maintenance Performed

| | | |
|--|----|--|
| <p>Tanks Pumped:</p> <p><input type="checkbox"/> Emergency</p> <p><input type="checkbox"/> Home Sale</p> <p><input type="checkbox"/> High-level alarm</p> <p><input checked="" type="checkbox"/> Routine/Maintenance</p> <p><input type="checkbox"/> Compliance Inspection</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Other:</p> | OR | <p>Sludge and Scum Measured: (must be completed if tanks NOT pumped)</p> <p>Liquid Level of Tank: _____ in Sludge Level: _____ in</p> <p>Scum Level: _____ in</p> <p>Sludge+Scum/ _____ Liquid Level _____ x100= _____ %Sludge & Scum</p> <p>Tanks must be Pumped if 25% or greater</p> |
|--|----|--|

Maintenance Information

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

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: Probing Gallons Removed: 1000
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

Tank #2: Yes No Verification Method Used: probing Gallons Removed: 1000
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: Smilie's Sewer Service
Maintainer Address: P.O. Box 100 Scandia, MN 55073
Phone Number: 651-433-3935 License Number: 12428

Maintainer Signature: [Signature]

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.