

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 1515-236596

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: 8-5-24 Property ID #: _____

Property Address: 15879 Harrow Ave N Hugo MN 55038
Street Address City State Zip

Property Owner Name: Gaoshue Moua

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

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: 1,500

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

Tank #2: Yes No Verification Method Used: Visual Gallons Removed: 1,000

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

NIA Tank #3: Yes No Verification Method Used: _____ Gallons Removed: _____

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

NIA 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: Visual Gallons Removed: 250

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

Waste Disposal Method: Treatment plant Land Apply: Location 29052 Dimaggio St NE

Other remarks or Concerns: North Branch, MN

Maintainer Information

Maintainer Name: Ross' Sewer Service, Inc.

Maintainer Signature: [Signature]

Maintainer Address: 9288 County Road 5 NE North Branch, MN 55056

Phone Number: 651-674-4349 License Number: L 3448

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.

RECEIVED

SEP 16 2024