

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: U9561435108

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: 5-14-24 Property ID #: _____Property Address: 14545 Ostlund Tr N Marine 55047
Street Address City State ZipProperty Owner Name: Sue Olson

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>
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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: 1400
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #2: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #3: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #4: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoPump Tank: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoWaste Disposal Method: Treatment plant Land Apply: Location St Paul met Council

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Pinky's Environmental Sewer Service Inc. Maintainer Signature: [Signature]Maintainer Address: P.O. Box 354 Afton, MN 55001Phone Number: 651-439-4847License Number: L1673

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.