

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: C438135620

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: 6-17-24 Property ID #: \_\_\_\_\_Property Address: 11290 Manning Tr N Still MN 55082  
Street Address City State ZipProperty Owner Name: Marilyn Kosmala

## 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: 750Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #2:  Yes  No Verification Method Used: Visual Gallons Removed: 750Leaking 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 WWTPOther remarks or Concerns: None

## Maintainer Information

Maintainer Name: Pinky's Sewer Service Inc. Maintainer Signature: 

Maintainer Address: P.O. Box 354 Afton, MN 55001

Phone Number: 651-439-4847

License Number: L4251

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.**