Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: _e9910n35408_

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: **6-14-24**   Property ID #: _____

Property Address: **9423   71st   St   N**   **Stillwater   MN   55082**
     Street Address   City   State Zip

Property Owner Name: **Bob   Urban**

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 __X__ 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: _1500_
Leaking Out: ☐Yes ☒No Leaking In: ☐Yes ☒No   Cover Damaged: ☐Yes ☐No

Tank #2: ☐Yes ☐No Verification Method Used: _____   Gallons Removed: _____
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: _Visual_   Gallons Removed: _____
Leaking Out: ☐Yes ☒No Leaking In: ☐Yes ☒No   Cover Damaged: ☐Yes ☒No

Waste Disposal Method: ☒Treatment plant ☐ Land Apply: Location _WWTP_

Other remarks or Concerns: _None_

Maintainer Information

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