

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: F0916a35401

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: 6-13-24 Property ID #: \_\_\_\_\_

Property Address: 1515 Quinlan Ave So Lakeland 55043  
Street Address City State Zip

Property Owner Name: Matt Beady & Andrea Capra

## 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: System too old for manhole

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit

Tank #1:  Yes  No Verification Method Used: visual Gallons Removed: 500

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

Tank #2:  Yes  No Verification Method Used: visual Gallons Removed: 500

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

Tank #3:  Yes  No Verification Method Used: visual Gallons Removed: 700

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 St Paul Met Council

Other remarks or Concerns: \_\_\_\_\_

## Maintainer Information

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

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

