Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: C8590w348895

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: 5-1-24   Property ID #: _____

Property Address: 13141 22nd St N   Stillwata   MN   55082
                  Street Address   **City**   **State   Zip**

Property Owner Name: Shea Feehan

Maintenance Performed

Tanks Pumped:	OR	Sludge and Scum Measured: (must be completed if tanks NOT pumped)
☐ Emergency		Liquid Level of Tank: _____ in Sludge Level: _____ in
☐ Home Sale		
☐ High-level alarm		Scum Level: _____ in
☒ Routine/Maintenance		
☐ Compliance Inspection		Sludge+Scum/_____Liquid Level_____x100=_____%Sludge & Scum
☐ Repair		**Tanks must be Pumped if 25% or greater**
☐ Other:		

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: 1000
Leaking Out: ☐Yes ☒No Leaking In ☐Yes ☒No Cover Damaged: ☐Yes ☐No	
Tank #2: ☐Yes ☒No Verification Method Used: Visual	Gallons Removed: 1500
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: _____	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 Environmental Sewer Service Inc.   Maintainer Signature: _____

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

Phone Number: 651-439-4847   License 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.

Washington ≈County