

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: 07932036284

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: 07/31/2024 Property ID #: \_\_\_\_\_

Property Address: 10591 Penfield Ave Cir W Stillwater MN  
Street Address City State Zip 55082

Property Owner Name: Monika Kleinschmidt

## 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: visuall 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: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_

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

Waste Disposal Method:  Treatment plant  Land Apply: Location \_\_\_\_\_

Other remarks or Concerns: PIPE used to access.

## 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.**