Subsurface Sewage Treatment System Maintenance Permit

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: 7-26-74 Property ID #: Property Address: 6-36 67 St N LKLD MN 55043 Street Address City State Zip Property Owner Name: Gabas City State Zip Maintenance Performed Tanks Pumped: In Sludge Level: In Sludge Lev	rroperty/Owner Inform		Permit #: C	56094	36273
Property Address:	Complete in its entirety to constitute a val maintenance activities and remain on-site	id maintenance perr for the duration of t			to performing
Property Address:	Date of Maintenance: 7-26-724	Pr	operty ID #:		
Maintenance Performed Tanks Pumped:	Property Address: 16036 679 Street Address	St N LKI	City	MN 55	:043
Tanks Pumped: Emergency Home Sale Home Sale High-level alarm Facutine/Maintenance Compliance Inspection Repair Tanks must be Pumped if 25% or greater Sludge+Scum/_Liquid Levelx100=%Sludge & Scun Level:in Sludge+Scum/_Liquid Levelin Sludge+Scum/_Liquid Level	Property Owner Name: John Cu	inico		State Zip	
Emergency Home Sale High-level alarm Facutine/Maintenance Compliance Inspection Repair Other: Maintenance Compliance Inspection Repair Other: Maintenance Main	Maintenance Performe	ed			
Access used to remove septage:	☐ Emergency ☐ Home Sale ☐ High-level alarm ☐ Routine/Maintenance ☐ Compliance Inspection ☐ Repair	Liquid Level of Scum Level: Sludge+Scum/_	Tank:in in Liquid Level	Sludge Leve	il:in
Tank #2: Yes No Verification Method Used: Gallons Removed: Leaking Out: Yes No Cover Damaged: Yes No Tank #3: Yes No Verification Method Used: Gallons Removed: Gallons Removed: Leaking Out: Yes No Cover Damaged: Yes No Tank #3: Yes No Verification Method Used: Gallons Removed: Leaking Out: Yes No Cover Damaged: Yes No Tank #4: Yes No Verification Method Used: Gallons Removed: Leaking Out: Yes No Cover Damaged: Yes No Pump Tank: Yes No Verification Method Used: Gallons Removed: Leaking Out: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Cover Damaged: Yes No Waste Disposal Method: Yes No Yes No Yes No Waste Disposal Method: Yes No Yes Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes	Access used to remove septage: Ma Were all covers securely replaced? \[\textsty Y \] Is the tank designed as a leaky? Ex. See	aintenance Hole es□No If No, Expl	dravell leaching nit		
Iank #3: Yes No Verification Method Used: Gallons Removed: Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No	Tank #2:☐ Yes ☐ No Verification Metho	s No Cover Dar od Used:	maged:□Yes□No Gall		
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: Maintainer Information 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.	Tank #3:□Yes □ No Verification Methol Leaking Out:□Yes□No Leaking In:□Yes	od Used: es □ No Cover Da	Gall maged:□Yes□No		
Waste Disposal Method: Ireatment plant Land Apply: Location Other remarks or Concerns: 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.	Leaking Out: ☐ Yes ☐ No Leaking In: ☐ Yes ☐ No Verification Me	es No Cover Da	maged:□Yes□No Ga		
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.	Waste Disposal Method: Treatment p Other remarks or Concerns:	lant □ Land Apply	Location Www	TP	
	Maintainer Name: Pinky's Sewer Service I Maintainer Address: P.O. Box 354 Afton, I Phone Number: 651-439-4847 I hereby certify as a State of Minnesota certified SST supervised others in the performance of this job.	nc. Maintainer Sig MN 55001 License Nu S Maintainer that I perso	mber: L4251	and made the observation	tions, or directly

Washington County