

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: DT180x36093

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: 07/16/24 Property ID #: _____

Property Address: 14601 55th St SW Afton MN 55001
Street Address City State Zip

Property Owner Name: Matthew + Kimberly Stegmeir

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: 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: _____ 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: manhole too deep to use. used 6" pipe

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.

