

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 03554937311

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: 27507024 Property ID #: _____

Property Address: 8750 U2nd St N Lake Elmo MN 55042
Street Address City State Zip

Property Owner Name: Jodi Riechert

Maintenance Performed

<p>Tanks Pumped:</p> <p><input type="checkbox"/> Emergency</p> <p><input type="checkbox"/> Home Sale</p> <p><input type="checkbox"/> High-level alarm</p> <p><input checked="" type="checkbox"/> Routine/Maintenance</p> <p><input type="checkbox"/> Compliance Inspection</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Other:</p>	OR	<p>Sludge and Scum Measured: (must be completed if tanks NOT pumped)</p> <p>Liquid Level of Tank: _____ in Sludge Level: _____ in</p> <p>Scum Level: _____ in</p> <p>Sludge+Scum/_____ Liquid Level _____ x100= _____ %Sludge & Scum</p> <p>Tanks must be Pumped if 25% or greater</p>
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Maintenance Information

Access used to remove septage: _____ Maintenance Hole Other (enter authorization code) pipe

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: Probing Gallons Removed: 1250

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: _____

Maintainer Information

Maintainer Name: Smilie's Sewer Service
Maintainer Address: P.O. Box 100 Scandia, MN 55073
Phone Number: 651-433-3935 License Number: L2428

Maintainer Signature: 

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.

