

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: 24191C36977

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: 8-27-24 Property ID #: \_\_\_\_\_

Property Address: 5245 Northbrook Blvd No Stillwater MN 55082  
Street Address City State Zip

Property Owner Name: Mary NESS

## 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: couldnt access manhole at time of service

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit

Tank #1:  Yes  No Verification Method Used: visual Gallons Removed: 1100  
Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #2:  Yes  No Verification Method Used: visual Gallons Removed: 1100  
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 St Paul met Council

Other remarks or Concerns: none

## Maintainer Information

Maintainer Name: Pinky's Sewer Service Inc. Maintainer Signature: [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.