

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: X6712a 36994

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: 8-26-24 Property ID #: _____

Property Address: 15500 42nd St So Afton MN 55001
Street Address City State Zip

Property Owner Name: John Kaul

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: could not locate 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: 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 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.

