

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 28372036600

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: 10-14-24 Property ID #: _____

Property Address: 16190 220th St North Scandia MN 55073
Street Address City State Zip

Property Owner Name: Jeff + Diana Phillips

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

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: 1250
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

~~N/A~~ Tank #2: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

~~N/A~~ Tank #3: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

~~N/A~~ Tank #4: Yes No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes No

~~N/A~~ 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 29052 Dimaggio St NE North Branch MN 55056

Other remarks or Concerns: None.

Maintainer Information

Maintainer Name: Ross Sewer Service, Inc Maintainer Signature: [Signature]

Maintainer Address: 9288 county Rd. 5 NE North Branch, MN 55056

Phone Number: 651-674-4349

License Number: L3448

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.