

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: _____

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: 11-15-2024 Property ID #: _____Property Address: 19044 Lakespar Ave. N. Maple
Street Address City State ZipProperty Owner Name: Nancy Blocker

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: Dirt Bottom Gallons Removed: 1250Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoN/A Tank #2: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoN/A Tank #3: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoN/A Tank #4: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoN/A Pump Tank: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoWaste Disposal Method: Treatment plant Land Apply: Location 2.1.10589.03

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: **Sherco Construction, Inc.** Maintainer Signature: [Signature]Maintainer Address: **79 Lake Street North Forest Lake, MN 55025**Phone Number: **651-462-1817**License Number: **L1675**

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.