

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: M4221937934

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: 11/18/2024 Property ID #: _____

Property Address: 14070 236th St N Scandia MN 55073
Street Address City State Zip

Property Owner Name: Jason Jensen

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>
--	----	---

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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verification Method Used: _____ Gallons Removed: <u>1000</u>
Leaking Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tank #2: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verification Method Used: _____ Gallons Removed: <u>1000</u>
Leaking Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tank #3: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #4: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verification Method Used: _____ Gallons Removed: <u>300</u>
Leaking Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No

Waste Disposal Method: Treatment plant Land Apply: Location _____

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Smilie's Sewer Service Maintainer Signature: Dan R.

Maintainer Address: P.O. Box 100 Scandia, MN 55073

Phone Number: 651-433-3935 License Number: L2428

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.

