

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: 12-18-2024 Property ID #: _____

Property Address: 14125 Valley Creek Trail Afton, MN 55001
Street Address City State Zip

Property Owner Name: Cohen

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: Tank pumped for demolition

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

Tank #1: Yes No Verification Method Used: _____ Gallons Removed: 1500

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 2.1-10589.03

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: **Sherco Construction, Inc.** Maintainer Signature: Joseph W. Leroy

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.

