

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 48157W37766

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: 10-22-24 Property ID #: _____

Property Address: 1150 Morell Ave N Stillwater MN 55082
Street Address City State Zip

Property Owner Name: Shawn McFarlane

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 access due to land scape

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: Roots in tank

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.