

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER
14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

Subsurface Sewage Treatment System Maintenance Permit

This section must be completed 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: 1 Property Address: 10 Municipality: 2 Maintenance Permit No:2	1 Oneka	Collec Blood	Property Owner's Nentification Number	Name: George	
Maintenance	Performed	Tank Mea	surement (must be	completed if tanks	NOT pumped)
Tank(s) Pumped Sludge and scum measured Do tanks need to be pumped? Here I No (if no provide measurements)		Liquid Level of Tank in Sludge Level in Tank in Scum Level in Tank in Sludge + Scum / Liquid Level X 100 = % Sludge & Scum Tanks must be pumped if 25% or greater			
 Access used to remove Were all covers secure Is there evidence of ta evidence of damaged 	ly replaced? 🔀 Yes	□ No otic, holding, preta ally unsound main	reatment or pump tenance hole cove	tank below the opers? \(\text{\text{Yes}}\) Yes	rating depth or
Sep	tic/Holding Tank #1	Leaking Out Ves No	Leaking In	Cover Damage	
Sep	tic/Holding Tank #2	☐ Yes ☐ No	☐ Yes 🔼 No ☐ Yes ☐ No	☐ Yes 🔯 No ☐ Yes ☐ No	
Pre	treatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Pun	np Tank	☐ Yes ☐ No	□. Yes □ No	☐ Yes ☐ No	
4. How many gallons of se Tank #1_1250 gal 5. Other information: List	Tank #2	gal Pretreatment	tank ganducted, tank safe	al Pump Tank ty concerns, or othe	gal er concerns.
6. Location of septage disp	osal: Herris				

Olson's Sewer Service Inc 17638 Lyons St NE Forest Lake, MN 55025 License# 216 P: 651-464-2082