



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: 10-10-2010 Reason for Maintenance: 6-yr  
 Property Address: 13880 Merjan Ave Property Owner's Name: Brian Grover  
 Municipality: Chisago City ZIP: 55013 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No. W 0230513712 Maintainer Name and License No. Olson's Sewer Service/L216

| Maintenance Performed   | Tank Measurement (must be completed if tanks NOT pumped)   |
|---|--|
| <input checked="" type="checkbox"/> Tank(s) Pumped<br><input type="checkbox"/> Sludge and scum measured<br>Do tanks need to be pumped?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements) | Liquid Level of Tank _____ in<br>Sludge Level in Tank _____ in Scum Level in Tank _____ in<br>Sludge + Scum _____ / Liquid Level _____ X 100<br>= % Sludge & Scum _____ Tanks must be pumped if 25% or greater |

- Access used to remove septage:  Maintenance Hole  Other (enter authorization code)
- Were all covers securely replaced?  Yes  No
- Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers?  Yes  No

| Tank                   | Leaking Out   | Leaking In  | Cover Damage  |
|------------------------|---|---|---|
| Septic/Holding Tank #1 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Septic/Holding Tank #2 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pretreatment Tank      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Pump Tank              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

4. How many gallons of septage were removed?  
 Tank #1 1,000 gal Tank #2 1,000 gal Pretreatment tank \_\_\_\_\_ gal Pump Tank 400 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: Metro

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

Maintenance activities must be reported to the Department within 90 days.