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DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER
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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: 8-7-11 Reason for Maintenance: Jim
 Property Address: 13015 Elmcrest Ave Property Owner's Name: Tom & Sue Bleakly
 Municipality: Hugo ZIP: 55038 Property Identification Number: _____
 Maintenance Permit No: W80735/6366 Maintainer Name and License No. Olson's Sewer Service/L216

Maintenance Activities	Tank Measurements
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if no provide measurements)	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

1. Access used to remove septage: Maintenance Hole Other (enter authorization code)
2. Were all covers securely replaced? Yes No
3. 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" 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 1000 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank 550 gal

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

6. Location of septage disposal: St. Paul

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