



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: 6-26-19 Reason for Maintenance: \_\_\_\_\_  
 Property Address: 17742 Keystone Ave Property Owner's Name: Roger Anderson  
 Municipality: \_\_\_\_\_ ZIP: 55038 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: h1066Z15961 Maintainer Name and License No. Olson's Sewer Service/L216

<p><input checked="" type="checkbox"/> Tank(s) Pumped</p> <p><input type="checkbox"/> Sludge and scum measured</p> <p>Do tanks need to be pumped?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)</p>	<p>Liquid level of tank _____ in</p> <p>Sludge Level in Tank _____ in Scum Level in Tank _____ in</p> <p>Sludge + Scum _____ / Liquid Level _____ X 100</p> <p>= % Sludge &amp; Scum _____ Tanks must be pumped if 25% or greater</p>
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- 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 950 gal Tank #2 \_\_\_\_\_ gal Pretreatment tank \_\_\_\_\_ gal Pump Tank \_\_\_\_\_ gal

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

6. Location of septage disposal: \_\_\_\_\_

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