



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 GOVERNMENT CENTER
 14949 62nd STREET NORTH, P.O. BOX 69, 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: 7/30/2019 Reason for Maintenance: scheduled
 Property Address: 17205 May Ave N Property Owner's Name: Harlan Olson
 Municipality: Marine ZIP: 55047 Property Identification Number: _____
 Maintenance Permit No: e.73252/16357 Maintainer Name and License No. Olson's Sewer Service/L216

<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 type="checkbox"/> No (if no provide measurements)	Liquid Level in Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in $\frac{\text{Sludge} + \text{Scum}}{\text{Liquid Level}} \times 100 = \% \text{ Sludge \& Scum}$ Tanks must be pumped if 25% or greater
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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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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? 4050
 Tank #1 1500 gal Tank #2 1500 gal Pretreatment tank _____ gal Pump Tank 1000 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.
Pump out will be replacement

6. Location of septage disposal: St. Paul Metro

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