



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: 7/9/2019 Reason for Maintenance: Scheduled  
 Property Address: 9410 239th St N Property Owner's Name: Randall & Lynn Musto  
 Municipality: Forest Lake ZIP: 55025 Property Identification Number: \_\_\_\_\_  
 Maintenance Permit No: \_\_\_\_\_ Maintainer Name and License No. Olson's Sewer Service/L216  
17119915979

<p><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)</p>	<p>Liquid Level of Tank _____ in          Sludge Level in Tank _____ in Scum Level in Tank _____ in  <math>\frac{\text{Sludge} + \text{Scum}}{\text{Liquid Level}} \times 100</math>          = % Sludge &amp; Scum _____ Tanks must be pumped if 25% or greater</p>
--	--

- 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 1260 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: Muskegon

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