



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: 8/26/22 Reason for Maintenance: General Service
 Property Address: 9950 204th St. Ct. N Property Owner's Name: Matt Larson
 Municipality: Forest Lake ZIP: 55025 Property Identification Number: _____
 Maintenance Permit No: _____ Maintainer Name and License No. Northside Septic Service, LLC/L930

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input checked="" type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank <u>47</u> in <u>1st 1250 gallon septic</u> Sludge Level in Tank <u>15</u> in Scum Level in Tank <u>1</u> in Sludge + Scum <u>16</u> / Liquid Level <u>47</u> X 100 = % Sludge & Scum <u>34</u> 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? _____

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

- How many gallons of septage were removed? Tank #3 500gal & Filter
 Tank #1 1250 gal Tank #2 1000 gal Pretreatment tank _____ gal Pump Tank 200 gal
- Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

6. Location of septage disposal: Isanti County

Northside Septic Service, LLC
 1301 245th Ave NE
 Bethel, MN 55005
 License# 930 P: 763-444-7898

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