

Property/Owner Information

Permit #: c3284c35518

Complete 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: 6/25/24 Property ID #: _____Property Address: 10469 216th St Scandia MN 55073
Street Address City State ZipProperty Owner Name: Chuck & DeAnna Anderson

Maintenance Performed

Tanks Pumped:

- Emergency
- Home Sale
- High-level alarm
- Routine/Maintenance
- Compliance Inspection
- Repair
- Other:

OR

Sludge and Scum Measured: (must be completed if tanks NOT pumped)

Liquid Level of Tank: _____ in Sludge Level: _____ in

Scum Level: _____ in

Sludge+Scum/_____ Liquid Level _____ x100= _____ %Sludge & Scum

Tanks must be Pumped if 25% or greater

Maintenance Information

Access used to remove septage: Maintenance Hole _____ Other (enter authorization code)Were all covers securely replaced? Yes No If No, Explain: _____

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit

Tank #1: Yes No Verification Method Used: Visual Gallons Removed: 1400Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #2: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #3: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #4: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoPump Tank: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoWaste Disposal Method: Treatment plant Land Apply: Location _____

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Olson's Sewer Service Inc.Maintainer Signature: Maintainer Address: 17638 Lyons St. NE Forest Lake, MN 55025Phone Number: 651-464-2082 License Number: L216

I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintenance activities must be reported to the Department within 90 days.