Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: __T8129035523__

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: __7-2-24__   **Property ID #:** _____

Property Address: __7012 190th St__   __Forest Lake__   __MN__   __55025__
Street Address   City   State   Zip

Property Owner Name: _____

Maintenance Performed

Tanks Pumped:	OR	Sludge and Scum Measured: (must be completed if tanks NOT pumped)
☐ Emergency		Liquid Level of Tank: _____ in Sludge Level: _____ in
☐ Home Sale		
☐ High-level alarm		Scum Level: _____ in
☒ Routine/Maintenance		
☐ Compliance Inspection		Sludge+Scum/_____ Liquid Level _____ x100= _____ %Sludge & Scum
☐ Repair		
☐ Other:		**Tanks must be Pumped if 25% or greater**

Maintenance Information

Access used to remove septage: __X__ 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 __NO__

Tank #1: ☒ Yes ☐ No Verification Method Used: __Pumped__ Gallons Removed: __1000__

Leaking Out: ☐ Yes ☒ No Leaking In ☐ Yes ☒ No Cover Damaged: ☐ Yes ☐ No

Tank #2: ☐ Yes ☐ No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐ Yes ☐ No Leaking In: ☐ Yes ☐ No Cover Damaged: ☐ Yes ☐ No

Tank #3: ☐ Yes ☐ No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐ Yes ☐ No Leaking In: ☐ Yes ☐ No Cover Damaged: ☐ Yes ☐ No

Tank #4: ☐ Yes ☐ No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐ Yes ☐ No Leaking In: ☐ Yes ☐ No Cover Damaged: ☐ Yes ☐ No

Pump Tank: ☐ Yes ☐ No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐ Yes ☐ No Leaking In: ☐ Yes ☐ No Cover Damaged: ☐ Yes ☐ No

Waste Disposal Method: ☐ Treatment plant ☐ Land Apply: Location _____

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Olson's Sewer Service Inc.   **Maintainer Signature:** _Brian Dahl_

Maintainer Address: 17638 Lyons St. NE Forest Lake, MN 55025

Phone 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.