

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 93981u36240

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: 7/12/2024 Property ID #: _____
Property Address: 17019 May Avenue Marine (May Twp) 55047
Street Address City State Zip
Property Owner Name: Tanner Gilbertson

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: _____ Gallons Removed: 1650
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: [Signature]
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.