

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: W72544310605

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: 7-31-24 Property ID #: \_\_\_\_\_

Property Address: 20789 Quintave Marine MN 55047  
Street Address City State Zip

Property Owner Name: \_\_\_\_\_

## Maintenance Performed

<p>Tanks Pumped:</p> <p><input type="checkbox"/> Emergency</p> <p><input type="checkbox"/> Home Sale</p> <p><input type="checkbox"/> High-level alarm</p> <p><input type="checkbox"/> Routine/Maintenance</p> <p><input type="checkbox"/> Compliance Inspection</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Other:</p>	OR	<p>Sludge and Scum Measured: (must be completed if tanks NOT pumped)</p> <p>Liquid Level of Tank: <u>48"</u> in Sludge Level: <u>2"</u> in</p> <p>Scum Level: <u>0</u> in</p> <p>Sludge+Scum/ <u>2"</u> Liquid Level <u>48</u> x100= <u>4.8</u> % Sludge &amp; Scum</p> <p><b>Tanks must be Pumped if 25% or greater</b></p>
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## Maintenance Information

Access used to remove septage:  Maintenance Hole \_\_\_\_\_ Other (enter authorization code) \_\_\_\_\_

Were all covers securely replaced?  Yes  No If No, Explain: measured sludge vs pumping

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit NO

Tank #1:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_

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.