

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: 8809d36642

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: 8-29-24 Property ID #: \_\_\_\_\_Property Address: 9870 219<sup>th</sup> ST N F.L.  
Street Address City State ZipProperty Owner Name: Scott Steel

## 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 checked="" type="checkbox"/> Routine/Maintenance</p> <p><input checked="" 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: _____ in Sludge Level: _____ in</p> <p>Scum Level: _____ in</p> <p>Sludge+Scum/_____ Liquid Level _____ x100= _____ %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: \_\_\_\_\_

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

Tank #1:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: 1250Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #2:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: 1000Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #3:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: 300Leaking 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 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.