# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: __Z 81099; 37256__

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: __9/30/24__          Property ID #: _____

Property Address: __16321 199th St N__          __Scandia__          __MN__  __55023__
                        **Street Address**             **City**               **State**  **Zip**

Property Owner Name: _____

## Maintenance Performed

| Tanks Pumped: | OR | Sludge and Scum Measured: (must be completed if tanks NOT pumped) |
|---|---|---|

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: __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

Tank #1: ☒Yes ☐ No Verification Method Used: __Visual__ Gallons Removed: __700__
Leaking Out:☐Yes ☒No Leaking In:☐Yes ☒No  Cover Damaged:☐Yes ☒No

Tank #2: ☒Yes ☐ No Verification Method Used: __Visual__ Gallons Removed: __100__
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: __Tank 2 was pumped through pipe__

## 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.