

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: V6136R37552

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: 10-2-24 Property ID #: _____

Property Address: 9901 230th St North Scandia MN 55073
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 checked="" 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: _____ in Sludge Level: _____ in</p> <p>Scum Level: _____ in</p> <p>Sludge+Scum/ _____ Liquid Level _____ x100= _____ %Sludge & Scum</p> <p>Tanks must be Pumped if 25% or greater</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 NO

Tank #1: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: <u>Pumped</u> Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tank #2: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #3: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank #4: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Method Used: _____ Gallons Removed: _____
Leaking Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking In: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No

Waste 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.

