

Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: 13855037554

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: 10-4-24 Property ID #: _____Property Address: 20191 Harrow Ave Forest Lake MN 55025
Street Address City State ZipProperty Owner Name: Wend Guck

Maintenance Performed

Tanks Pumped: <input type="checkbox"/> Emergency <input type="checkbox"/> Home Sale <input type="checkbox"/> High-level alarm <input checked="" type="checkbox"/> Routine/Maintenance <input type="checkbox"/> Compliance Inspection <input type="checkbox"/> Repair <input type="checkbox"/> 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
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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 NOTank #1: Yes No Verification Method Used: pump Gallons Removed: 1250Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #2: Yes No Verification Method Used: pump Gallons Removed: 1000Leaking Out: Yes No Leaking In: Yes No Cover Damaged: Yes NoTank #3: Yes No Verification Method Used: _____ Gallons Removed: _____Leaking 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: pump 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: Bruce [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.