

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: L1984A37570

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: 10-11-24 Property ID #: \_\_\_\_\_Property Address: 9225 239th St Forest Lake MN 55025  
Street Address City State ZipProperty Owner Name: Jerry & Sherry Snidarich

## Maintenance Performed

<b>Tanks Pumped:</b> <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	<b>Sludge and Scum Measured:</b> (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 <b>Tanks must be Pumped if 25% or greater</b>
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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: pumped Gallons Removed: 1250Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoTank #2:  Yes  No Verification Method Used: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_Leaking 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: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  NoWaste Disposal Method:  Treatment plant  Land Apply: Location North beach

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.