

# Subsurface Sewage Treatment System Maintenance Permit

## Property/Owner Information

Permit #: 011095 p 31588

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: 10-18-24 Property ID #: \_\_\_\_\_

Property Address: 22850 Manning Trail Scandia MN 55073  
Street Address City State Zip

Property Owner Name: \_\_\_\_\_

## Maintenance Performed

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:  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:  Yes  No Verification Method Used: Pumped Gallons Removed: 1500  
Leaking Out:  Yes  No Leaking In:  Yes  No Cover Damaged:  Yes  No

Tank #2:  Yes  No Verification Method Used: Pumped Gallons Removed: 1500  
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 NORTH branch

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.**