



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
 GOVERNMENT CENTER  
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006  
 Office: 651-430-6655 TTY: 651-430-6246 FAX: 651-430-6730

**Subsurface Sewage Treatment System Maintenance Permit**

This section must be completed 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: 4/24/2024 Reason for Maintenance: General Service

Property Address: 13040 Ingersoll Ave Property Owner's Name: Jennifer Klock

Municipality: 1915643844 ZIP: 55038 Property Identification Number: \_\_\_\_\_

Maintenance Permit No: \_\_\_\_\_ Maintainer Name and License No. Northside Septic Service LLC - L930

Maintenance Performed	Tank Measurement (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped	Liquid Level of Tank <u>44</u> in
<input checked="" type="checkbox"/> Sludge and scum measured	Sludge Level in Tank <u>23"</u> in Scum Level in Tank _____ in
Do tanks need to be pumped?	Sludge + Scum <u>31</u> / Liquid Level _____ X 100
<input checked="" type="checkbox"/> Yes ___ No (if no provide measurements)	= % Sludge & Scum <u>59%</u> Tanks must be pumped if 25% or greater

- Access used to remove septage:  Maintenance Hole \_\_\_ Other (enter authorization code)
- Were all covers securely replaced?  Yes \_\_\_ No
- Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers? \_\_\_ Yes \_\_\_ No

Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No
Pretreatment Tank	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Pump Tank	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No	___ Yes <input checked="" type="checkbox"/> No

4. How many gallons of septage were removed?  
 Tank #1 1500 gal Tank #2 1000 gal Pretreatment tank \_\_\_\_\_ gal Pump Tank 150 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

Effluent filter was plugged. Removed & Cleaned.

6. Location of septage disposal: Isanti County

6-3-24  
Emailed Northside for  
codes.

Northside Septic Service, LLC  
 1301 245th Ave NE  
 Bethel, MN 55005

P: 763-444-7898 License Number: L 930

RECEIVED

JUN 03 2024

Maintenance activities must be reported to the Department within 90 days.

PUBLIC HEALTH

White Copy-Maintainer submits to Washington County / Yellow Copy-Property Owner Record