



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 GOVERNMENT CENTER
 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
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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: 5-22-17 Reason for Maintenance: _____
 Property Address: 21560 Imperial AVE N Property Owner's Name: Jake Swee fact
 Municipality: Forest Lake ZIP: 55025 Property Identification Number: _____
 Maintenance Permit No: 5179826401 Maintainer Name and License No. OSST - #2116

- Tank(s) Pumped
- Sludge and scum measured
- Do tanks need to be pumped?
- Yes No (if no provide measurements)

Liquid Level of Tank _____ in
 Sludge Level in Tank _____ in Scum Level in Tank _____ in
 $\frac{\text{Sludge} + \text{Scum}}{\text{Liquid Level}} \times 100$
 = % Sludge & Scum _____ Tanks must be pumped if 25% or greater

1. Access used to remove septage: Maintenance Hole Other (enter authorization code) _____
2. Were all covers securely replaced? Yes No
3. 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?

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

4. How many gallons of septage were removed?

Tank #1 1050 gal Tank #2 1050 gal Pretreatment tank _____ gal Pump Tank 359 gal

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

6. Location of septage disposal: Met Council St. Paul