



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 complete prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 12/19/16 Reason for Maintenance: Maint. & pump replacement
 Property Address: 7710 235th St NW Property Owner's Name: G. Franzenfelter
 Municipality: Forest Lake ZIP: 55025 Property Identification Number: _____
 Maintenance Permit No: 20708e5500 Maintainer Name and License No. OSST - #2116

<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	Liquid Level of Tank _____ in Sludge Level in Tank _____ in Scum Level in Tank _____ in $\text{Sludge} + \text{Scum} \text{ _____ / Liquid Level} \text{ _____} \times 100$ = % Sludge & Scum _____ Tanks must be pumped if 25% or greater
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- 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?

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? 3257 total
 Tank #1 1250 gal Tank #2 1250 gal Pretreatment tank _____ gal Pump Tank 757 gal

5. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.
Did pump switch replacement also.

6. Location of septage disposal: _____