

SSTS MAINTENANCE REPORT

Date of Maintenance: 4-06-16 Reason for Maintenance: Scheduled Maintenance
 Property Address: 9424 Kimberly Ave S Property Owner's Name: Carol Brodner
 Municipality: Cottage Grove State: MN Zip Code: 55016 GEO Code/Property ID #: 1989120814

What was done to the system?	<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. <input type="checkbox"/> Do tanks need to be pumped? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no provide measurements)
Tank Measurements (must be completed if tanks NOT pumped)	Liquid Level of Tank _____ in. Sludge Level _____ in. Scum Level _____ in. Total (Sludge + Scum) _____ / Liquid Level _____ = % Sludge & Scum _____ * Tank must be pumped if this value is greater than 25%.

1. Access used to remove septage: Maintenance Hole Other (Go to #3 below) Verification Method Used: _____
 2. If maintenance hole was used, were all covers securely replaced? Yes No *please explain*

3. If owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement:
 Explanation: _____

4. Is the tank designed as a leaky tank? example: seepage pit, cesspool, drywell, leaching pit
 I understand that removal of solids and liquids through other access points is not considered maintenance.
 I, _____ (owner's name), refuse to allow the removal of solids and liquids through the maintenance hole.

Tank #1 Yes No Verification Method Used: _____
 Tank #2 Yes No Verification Method Used: _____

5. 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 Yes No
 Tank Leaking In Yes No
 Cover Damage Yes 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
Pretreatment 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
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
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

6. How many gallons of septage were removed?
 Tank #1 1250 Tank #2 _____
 Pretreatment Tank _____ Pump Tank _____

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

8. Certification: 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.

Maintainer's Name: Ron's Sewer Service
 Maintainer's Address: W6621 610th Ave. Ellsworth, WI 54011

Maintainer's License #: 2103
 Maintainer's Phone #: 715-749-0153

Maintainer's Signature: Ron's Sewer Service
 Date: 4-06-16