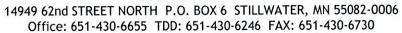
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT







SSTS MAINTENANCE REPORT

Date of Maintenance 4-4-16 Reason for Maintenance:			
Property Address: 21830 Olinda Lave Property Owner's Name: Sed Chestat			
Municipality: Washington County State MN Zip Code 55073 GEO Code/Property I.D. #:			
What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)		
Tank(s) Pumped ☐ Sludge and scum measured. Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements)	Liquid Level of Tan Total (Sludge + Scu		= % Sludge & Scum*
* Tank must be pumped if this value is greater than 25%.			
2. If maintenance hole was used, were all covers securely replaced? Yes No please explain			
Explanation:			
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:			
I, (owner's name), refuse to allow the removal of solids and liquids through the maintenance			
hole. I understand that removal of solids and liquids through other access points is not considered maintenance.			
4. Is the tank designed as a leaky tank? example: seepage pit, cesspool, drywell, leaching pit APR 1 5 2015			
Tank#1 Yes No Verificatio Method Used:			
Tank#2 Yes No Verificatio 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	Leaking In	Cover Damage
Septic/Holding Tank #1	☐ Yes ▼No	☐ Yes No	Yes No
Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. How many gallons of septage were removed?			
Tank #1 1242 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: Olson's Sewer Service Maintainer's Address: 17638 Lyons Street NW Forest Lake MN 55025			
Maintainer's License #: 216 Maintainer's Phone #: 651-464-2802			
Maintainer's Signature Dius VIII Date: 4-4-16			