DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006 Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730



SSTS MAINTENANCE REPORT

Date of Maintenance 10/12/19 Reason for Maintenance: Rouse			
Municipality: Musers State MN Zip Code 55033 GEO Code/Property I.D. #:			
What was done to the system? Tank Measurements (must be completed if tanks NOT pumped)			pleted if tanks NOT pumped)
Tank(s) Pumped	Liquid Level of Tank in. Sludge Level in. Scum Level in.		
Sludge and scum measured.	Total (Sludge + Scum) / Liquid Level = % Sludge & Scum		
Do tanks need to be pumped?			
Yes No (If no provide measurements)	* Tank must be numped if this value		
1. Access used to remove septage: Maintenance Hole Other (Go to #3 below) is greater than 25%.			
2. If maintenance hole was used, were all covers securely replaced? 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:			
l, (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			
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 r	naintenance hole cover	rs <i>t</i>	
Tank	Leaking Out	Leaking In	Cover Damage
Septic/Holding Tank #1	Yes Mo	☐ Yes 🔀 No	Yes No
Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	Yes No
Pretreatment Tank	Yes No	Yes No	Yes No
Pump Tank	T Yes T No	☐ Yes ☐ No	Yes No
6. How many gallons of septage were removed?			
Tank#1 1700 Tank#2	Pretreatment Tank	Pt	ump Tank
7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.			
8. Certification: Thereby 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: SCHLOMKA SERVICES LLC. Maintainer's Address: 8890 202nd St. N Forest Lake, MN 55025			
Maintainer's License #: 2989 Maintainer's Phone #: 651-459-3718			
Maintainer's Signature $\frac{162715}{2215}$			