

Signature

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 3 1 2 3

## SSTS MAINTENANCE REPORT

			TO RESIDENCE TO A SECOND
	System Loc	ation	50 Supplemental (1997) (1997) (1997)
Address 20640 Neewahtin	Ave	Tele	ohone Number
City Forest Lehe	State N/ZI	P SSONS Property	D No./GEO Code
Owner Lury Voiss	Pumping Date	5/18/18	
100.1 40153	Contrac	tor	
Maintainer DT Septic Services	MPCA License N	o. #3663 Tele	ohone Number (763) 286-1815
What was done to the system?		Report Liquid Capacity in Gallons	
Tank(s) Pumped		Tank 1: 1200 Pui	mped Tank 2: Pumped
Sludge and scum measured.			mped Tank 4: Pumped
Do tanks need to be pumped?	to aloue)	Total Gallons Pumped:	1200
Yes No (If no provide measurements			All Address of the Control of the Co
Visual Inspection (note any problems with th	ne system):	NOTE: This does not	serve as a compliance inspection.
*Tank Measur	ements-Use Only I	f Tank(s) Were NOT Pum	ped
*Tank Measur Liquid Level of Tank (Distance from invert of outle			ped
	et pipe to bottom of		ped
Liquid Level of Tank (Distance from invert of outle	et pipe to bottom of	tank) in. ge and Scum Level	ped e and Scum in Tank%

Date

Reset Form