## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

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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 2/16/16 Reason for  | Maintenance: S  | ystem was                 | Froze  |  |
|---|---|---------------------------|--|--|
| Property Address: 8695 20045 S+   | N Proper  | rty Owner's Name:         | evin Lemmons   |  |
| Municipality: Forest Lake St  | tate <u>M/</u> UZip Code                                  | 55025 GEO COO             | de/Property I.D. #:                                      |  |
| What was done to the system?  | Tank Measurements (must be completed if tanks NOT pumped) |                           |  |  |
| Tank(s) Pumped  | Liquid Level of Tank in. Sludge Level in. Scum Level in.  |                           |  |  |
| Sludge and scum measured.  Do tanks need to be pumped?  |   |                           | *  |  |
| Yes No (If no provide measurements)   | Total (Sludge + Scu                                       | m) / Liquid Leve          | el = % Sludge & Scum                                     |  |
| 1. Access used to remove septage: Maintenar   | nce Hole 🔲 Other (0                                       | Go to #3 below)           | * Tank must be pumped if this value is greater than 25%. |  |
| 2. If maintenance hole was used, were all covers se   | ecurely replaced?   | Yes No <b>please expl</b> | •  |  |
| Explanation:  | ,   |                           |  |  |
| 3. If owner refuses to allow a Subsurface Sewag   |   | (SSTS) to be pumped t     | hrough the maintenance hole, have                        |  |
| them complete and sign the following statem   | ent:  |                           |  |  |
| !, (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 Tyes XNo Verificatio Method Used: VISua  |   |                           | RECEIVED   |  |
| Tank#2 Tyes No Verificatio Method Used: N/1 APR 0 8 2016  |   |                           | APR Q \$ 2016  |  |
| 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 n   | naintenance hole co                                       |                           |  |  |
| 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 1000 Tank#2 N/A Pretreatment Tank N/A Pump Tank N/A  |   |                           |  |  |
| 7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.               |   |                           |  |  |
| <b>8. Certification:</b> I hereby certify as a State of Min and made the observations, or o                                     |   |                           |  |  |
| Maintainer's Name: Ross' Sewer Service  | Maintain  | er's Address: 9288 Count  | y Rd 5 NE North Branch, MN 55056                         |  |
| Maintainer's License #: L3448 Maintainer's Phone #: 651-674-4349  |   |                           |  |  |
| Maintainer's Signature  | M   | Date:                     | 2/16/16  |  |