SSTS MAINTENANCE REPORT

Date of Maintenance 12-31-15   Reason for Maintenance: Routine

Property Address: 2877 Itasca Ave S   Property Owner's Name: Phill Housley

Municipality: Lakeland   State MN Zip Code _____   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 Tank _____ in. Sludge Level _____ in. Scum Level _____ in. Total (Sludge + Scum) _____ / Liquid Level _____ = _____ % Sludge & Scum *

1. Access used to remove septage: ☒ Maintenance Hole ☐ Other (Go to #3 below)

* 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*

   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 1500   Tank #2 1000   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: PINKY'S SEWER SERVICE   Maintainer's Address: P.O. Box 354 Afton, MN 55001

   Maintainer's License #: 1673   Maintainer's Phone #: 651-439-4847

   Maintainer's Signature _____   Date: 12-31-15