SSTS MAINTENANCE REPORT

Date of Maintenance __9/27/19__   Reason for Maintenance: __27519V16881__

Property Address: __21861 Feather Ave N__   Property Owner's Name: __Barbara Rohr__

Municipality: __Forest Lake__   State __MN__ Zip Code __55025__ 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.	Liquid Level of Tank ____ in. Sludge Level ____ in. Scum Level ____ in.
Do tanks need to be pumped?	
☐ Yes ☐ No (If no provide measurements)	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, __Barbara Rohr__ (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 __650__   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: __OSSF__   Maintainer's Address: __17638 Lyons St NE__

Maintainer's License #: __216__   Maintainer's Phone #: __651-464-2082__

Maintainer's Signature __OSSF__   Date: __9/27/19__