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OCT 14 2019

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

MCR# 24820

PUBLIC HEALTH SSTS MAINTENANCE REPORT

Date of Maintenance 9/19/19 Reason for Maintenance: Routine

Property Address: 9480 JEFFERY BLVD Property Owner's Name: Dick Blaylock

Municipality: Grant/Stillwater State MN Zip Code 55082 GEO Code/Property I.D. #: \_\_\_\_\_

What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)		
<input checked="" type="checkbox"/> Tank(s) Pumped	Liquid Level of Tank _____ in.	Sludge Level _____ in.	Scum Level _____ in.
<input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped?	*		
<input type="checkbox"/> Yes <input type="checkbox"/> 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, \_\_\_\_\_ (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: visual

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How many gallons of septage were removed?

Tank #1 1000 Tank #2 \_\_\_\_\_ Pretreatment Tank \_\_\_\_\_ Pump Tank \_\_\_\_\_

7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

NONE

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: Alto Sewer Service Inc. Maintainer's Address: 1061 Cliff Rd East, Burnsville, MN, 55337

Maintainer's License #: L3665 Maintainer's Phone #: (612) 822-5345

Maintainer's Signature: [Signature]

Date: 9/19/19