

SSTS MAINTENANCE REPORT

Date of Maintenance 10/7/19 Reason for Maintenance Repair # L3539A17268
 Property Address: 10240-152nd St. Property Owner's Name: Sheila Rinneki
 Municipality: Hugo State: MN Zip Code: 55038 GEO Code/Property I.D. #:

<p>What was done to the system?</p> <p><input checked="" type="checkbox"/> Tank(s) Pumped</p> <p><input type="checkbox"/> Sludge and scum measured.</p> <p>Do tanks need to be pumped?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements)</p>	<p>Tank Measurements (must be completed if tanks NOT pumped)</p> <p>Liquid Level of Tank _____ in. Sludge Level _____ in. Scum Level _____ in.</p> <p>Total (Sludge + Scum) _____ / Liquid Level _____ = % Sludge & Scum _____ *</p>
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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 Verification Method Used: Visual

Tank#2 Yes No Verification Method Used: Visual

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. How many gallons of septage were removed?

Tank #1 1250 Tank #2 _____ Pretreatment Tank _____ Pump Tank 1000

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

Pump failure - Replaced pump/switches 10/9/19

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: OSST Maintainer's Address: 17638 Lyons St. NE
 Maintainer's License #: 210 Maintainer's Phone #: 651-444-2082
 Maintainer's Signature: Justin P. Date: 10/7/19