

## SSTS MAINTENANCE REPORT

Date of Maintenance: 11/19/19 Reason for Maintenance: e788821704  
 Property Address: 19549 Manningto. Property Owner's Name: Peter Berven  
 Municipality: maim State: MN Zip Code: 55047 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 <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)	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, P. Berven (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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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? 500

Tank #1 500    Tank #2 \_\_\_\_\_    Pretreatment Tank \_\_\_\_\_    Pump Tank \_\_\_\_\_

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

Able to see baffles intact

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 #: 216    Maintainer's Phone #: 651-464-2082  
 Maintainer's Signature \_\_\_\_\_    Date: \_\_\_\_\_