

SSTS MAINTENANCE REPORT

Date of Maintenance: 11/1/19 Reason for Maintenance: J7463117685
 Property Address: 8382 22nd St Property Owner's Name: Judy Malmberg
 Municipality: Lake Elmo State: MN Zip Code: 55042 GEO Code/Property I.D. #:

What was done to the system?

Tank(s) Pumped
 Sludge and scum measured.
 Do tanks need to be pumped?
 Yes No (If no provide measurements)

Tank Measurements (must be completed if tanks NOT pumped)

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)
 2. If maintenance hole was used, were all covers securely replaced? Yes No please explain
 * Tank must be pumped if this value is greater than 25%.

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: _____
 Tank#2 Yes No Verification 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 1650 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: OSSI Maintainer's Address: 17638 Lyons St. NE
 Maintainer's License #: 216 Maintainer's Phone #: 464-2082
 Maintainer's Signature: _____ Date: _____