

SSTS MAINTENANCE REPORT

Date of Maintenance 3/27/20 Reason for Maintenance: _____

Property Address: 8101 Scandia Trl

Property Owner's Name: Vickie Rein

Municipality: Scandia

State MN Zip Code 55073

GEO Code/Property I.D. #: d4620j18768

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)

* 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: _____

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 1100 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 Lynn St. NE

Maintainer's License #: 216

Maintainer's Phone #: 464-2082

Maintainer's Signature: [Signature]

Date: 3-27-2020