

## SSTS MAINTENANCE REPORT

Date of Maintenance 11-16-15 Reason for Maintenance: routine  
 Property Address: 13760 51<sup>st</sup> St No Property Owner's Name: Karen Olson  
 Municipality: 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<br><input type="checkbox"/> Sludge and scum measured.<br>Do tanks need to be pumped?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements) | Liquid Level of Tank _____ in.    Sludge Level _____ in.    Scum Level _____ in.<br>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 checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" 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 1500    Tank #2 1000    Pretreatment Tank \_\_\_\_\_    Pump Tank \_\_\_\_\_

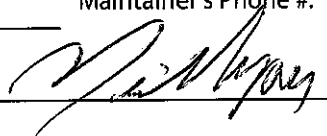
**7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.**

\_\_\_\_\_

**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: PINKY'S SEWER SERVICE    Maintainer's Address: P.O. Box 354 Afton, MN 55001

Maintainer's License #: 1673    Maintainer's Phone #: 651-439-4847

Maintainer's Signature:     Date: 11-16-15