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DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006

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SSTS MAINTENANCE REPORT

Date of Maintenance: 1/18/15 Reason for Maintenance: Reg Maint
Property Address: 8650 Kimbro Ln N Property Owner's Name: Eugene Eastlund
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)
Tank(s) Pumped [checked]
Sludge and scum measured. Do tanks need to be pumped? [checked] Yes [ ] No
Liquid Level of Tank \_\_\_ in. Sludge Level \_\_\_ in. Scum Level \_\_\_ in.
Total (Sludge + Scum) \_\_\_ / Liquid Level \_\_\_ = % Sludge & Scum \_\_\_ \*

- 1. Access used to remove septage: [checked] Maintenance Hole [ ] Other (Go to #3 below)
2. If maintenance hole was used, were all covers securely replaced? [checked] 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 [checked] Yes [ ] No Verificatio Method Used: Block
Tank#2 [checked] Yes [ ] No Verificatio Method Used: Block

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?

Table with 4 columns: Tank, Leaking Out, Leaking In, Cover Damage. Rows include Septic/Holding Tank #1, Septic/Holding Tank #2, Pretreatment Tank, and Pump Tank.

6. How many gallons of septage were removed?

Tank #1 900 Tank #2 900 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: SMILIE'S SEWER SERVICE Maintainer's Address: Scandia, MN

Maintainer's License #: 2428 Maintainer's Phone #: 651-433-3005

Maintainer's Signature: [Signature] Date: 1-18-15