SSTS MAINTENANCE REPORT

Date of Maintenance _2-15-16_ Reason for Maintenance: _Routine_

Property Address: _10100 Kimbro cir S_   Property Owner's Name: _Rick Leritz_

Municipality: _Cottage Grove_ State _MN_ Zip Code _____ GEO Code/Property I.D. #: _____

What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)
☑ Tank(s) Pumped ☐ Sludge and scum measured. Do tanks need to be pumped? ☐ Yes ☐ 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, _____ (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	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Septic/Holding Tank #2	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

6. How many gallons of septage were removed?

Tank #1 _1000_   Tank #2 _500_   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: _2-15-16_