DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER
14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730

SSTS MAINTENANCE REPORT

Date of Maintenance 6/21/21 Reason for Maintenance: V4607f 22909

Property Address: 19099 Jamaway Av. N. Property Owner's Name: Mike Anderson

Municipality: Forest Lake State MN Zip Code 55025 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 ____ *

* Tank must be pumped if this value is greater than 25%.

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***

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: Pumped Tank

Tank#2 ☐ Yes ☒ No Verificatio Method Used: Pumped Tank

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 1500 Tank #2 1,000 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: Olson's Sewer Service, Inc. Maintainer's Address: 17638 Lyons Street NE, Forest Lake, MN

Maintainer's License #: 216 Maintainer's Phone #: 651-464-2082

Maintainer's Signature ____ Date: 6/21/2021