

### SSTS MAINTENANCE REPORT

Date of Maintenance 3-7-16 Reason for Maintenance: routine

Property Address: 595 Duart Ave N. Property Owner's Name: John Hansen

Municipality: Lakeland State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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 type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input 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 1500 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: 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 [Signature] Date: 3-7-16