

### SSTS MAINTENANCE REPORT

Date of Maintenance: 5-24-16 Reason for Maintenance: 3 year  
 Property Address: 5170 202nd st N Property Owner's Name: Rick Green Walt  
 Municipality: \_\_\_\_\_ 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)		
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements)	Liquid Level of Tank _____ in.	Sludge Level _____ in.	Scum Level _____ in.
	Total (Sludge + Scum) <u>  </u> Liquid Level <u>  </u> = % 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. How many gallons of septage were removed?  
 Tank #1 1500 Tank #2 \_\_\_\_\_ Pretreatment Tank \_\_\_\_\_ Pump Tank 1,000

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: Hassle Free Septic Maintainer's Address: P.O. Box 702 North Branch, MN 55056  
 Maintainer's License #: L3287 Maintainer's Phone #: 763-222-4397  
 Maintainer's Signature: [Signature] Date: 5-24-16