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 Mainter	nance <u>614-16</u> Reason	for Maintenance:	putine ma	intence		
Property Addre	ss: 9ass 23s	からナ Prope	rty Owner's Name:	harles Shar	<u>p</u>	
Municipality: _	Forest LAKE		<u>\$502</u> \$ GEO Co			
What was done to the system?		Tank Mea	Tank Measurements (must be completed if tanks NOT pumped)			
X Tank(s) Pumped		Liquid Level of Tan	Liquid Level of Tank in. Sludge Level in. Scum Level in.			
Sludge and scum measured. Do tanks need to be pumped?		liquid never or 12.1				
Do tanks ne	eed to be pumped? No (If no provide measureme)	Total (Sludge + Scu	ım) / Liquid Lev	el = % Sludge & Scu	m ^	
_	to remove septage: XMainte		Go to #3 below)	* Tank must be pumped if is greater than 25%.	this value	
2. If maintenand	ce hole was used, were all cove	rs securely replaced?	Yes No please expl	ain		
Explanation:		·				
	ises to allow a Subsurface Sevete and sign the following sta	-	n (SSTS) to be pumped t	hrough the maintenance hol	e, have	
1,	(0	owner's name), refuse to	allow the removal of solid	ls and liquids through the mai	ntenance	
hole. I under	stand that removal of solids an	d liquids through other a	ccess points is not consid	ered maintenance.	-	
4. Is the tank de	signed as a leaky tank? exampl	e: seepage pit, cesspool, d	rywell, leaching pit	•		
Tank#1	Yes No Verificatio Metho	d Used: 16 Sug				
Tank#2	/cs- No Verificatio Metho	d- Used:				
	ence of tank leakage from a s			ow the operating depth or e	vidence of	
damaged, cr	acked, or structurally unsoun Tank	Leaking Out	Leaking In	Cover Damage	·	
•	Septic/Holding Tank #1	Yes 1 No	Yes Yo	Yes No		
÷	Septic/Holding Tank #2	- Eyes ENo	Yes TNo	Yes I No		
•	Pretreatment Tank	T Yes No	- Tyes No	Yes No	p.	
	-Pump Tank	T Yes T No	Yes No	Yes No	Engle.	
6. How many o	allons of septage were remo	7 may 1 == 1 7 1 == 1	(() () () () () () () () () ()		
Tank #1), 3	5 00 Tank#2 N/A		ink N/A Pi	ump Tank		
7. Other inform	nation: List any troubleshoot	-	ucted, tank safety conc	erns, or other concerns.	:	
8. Certification	 I hereby certify as a State of I and made the observations, 	or directly supervised ot	ners in the performance o	of this job.		
Maintainer's	Name: Ross' Sewer Service	Maintain	er's Address: 9288 Count	y Rd 5 NE North Branch, MN 55	056	
Maintainer's	License #: L3448 Maint	ainer's Phone #: 651-67	4-4349	∳		
Maintainer's	Signature ///	Hun	Date:	14/16		