## 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 Maintena	ance 10/19/21 Reason	n for Maintenance:	555 5 252	16	
Property Address	12863 Singura	WAV. N. Prop	erty Owner's Name:		
Municipality:	ague	State Zip Cod	GEO Co	de/Property I.D. #:	
. What wa	as done to the system?	Tank Me	asurements (must be co	npleted if tanks NOT pumped)	
Tank(s) Pump		Liquid Level of Tar	nk in. Sludge t	evel in. Scum Level	in.
<u> </u>	cum measured. d to be pumped?				- ,
	No (If no provide measureme	Total (Sludge + Sc	um) / Liquid Lev	rel = % Sludge & Scum	
	remove septage: Maint		(Go to #3 below)	* Tank must be pumped if this is greater than 25%.	/alue
2. If maintenance	hole was used, were all cove	ers securely replaced?	Yes No please expl	-	
Explanation:					
I, hole. I understa	e and sign the following sta ( and that removal of solids an gned as a leaky tank? example	owner's name), refuse to d liquids through other a de: seepage pit, cesspool, d	allow the removal of solic access points is not consid lrywell, leaching pit	Is and liquids through the maintendered maintenance.  I fank pumped  tank, pumped	ance
5. Is there eviden	_	septic, holding, pretrea	tment or pump tank bel	ow the operating depth or evide	
	Tank	Leaking Out	Leaking In	Cover Damage	
7	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					
Tank #1	Mank#2 1750	Pretreatment Ta	ink Pu	ımp Tank	
11443			11		
11443	tion: List any troubleshoot  to maint.	ing, minor repairs cond	11		
7. Other information:	tion: List any troubleshoot	ing, minor repairs cond  hole  Minnesota certified SSTS	ucted, tank safety conce	rns, or other concerns.	
7. Other information:	tion: List any troubleshoot  to maint.  I hereby certify as a State of I	ing, minor repairs cond holo Minnesota certified SSTS or directly supervised of	ucted, tank safety conce Maintainer that I persona hers in the performance o	rns, or other concerns.	
7. Other information:	tion: List any troubleshoot  for maint.  I hereby certify as a State of land made the observations,  me: Olson's Sewer Service,	ing, minor repairs cond holo Minnesota certified SSTS or directly supervised of	Maintainer that I persona hers in the performance o	lly conducted the work	