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 0

SSTS MAINTENANCE REPORT

Date of Maintenance 11/1/2, Reason for Maintenance: 27883+25232 Compliance Inspection			
Property Address: 2580 - 170+2 St. Property Owner's Name: John & Deh Cassidy			
Municipality: State MN Zip Code 55047 GEO Code/Property I.D. #:			
What was done to the system? ** Fanto Measure ments (injustible completed if an Ki Nor spumped)			
Tank(s) Pumped Sludge and scum measured.	Liquid Level of Tank	in. Sludge L	evel in. Scum Level in.
Do tanks need to be pumped? Yes No (If no provide measurements,	Total (Sludge + Scum)	/ Liquid Leve	
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? \(\tilde{\text{T}} \text{Yes} \text{No please explain} \)			
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:			
(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 Tyes And Verificatio Method Used: Reped Tank			
Tank#2 Yes No Verificatio 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	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 1250 Tank #2	Pretreatment Tank		Imp Tank <u>L/CC</u>
7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.			
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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:			