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 Maintenance 12 2 2 Reas	on for Maintenance: Z	2393125	949	
Property Address:	9.209 ta St Brot	perty Owner's Name:	Patrick Redig	
Municipality: Scandia	State MN Zip Coo	le <u>55073</u> GEO	Code/Property I.D. #:	
What was done to the system?	see the Third Me	asurements (must be	completed if tanks: NO Lipumped	
Tank(s) Pumped				AMERICA C
Sludge and scum measured.	Liquid Level of Ta	in. Sludg	je Level in. Scum Level	in.
Do tanks need to be pumped?	Total (Sludge + So	numa) / Hamilali	0.61 1 0.6	_ ,
Yes No (If no provide measurem	nents)	um) / Liquid	Level = % Sludge & Scum	
1. Access used to remove septage: 'Main			* Tank must be pumped if th is greater than 25%.	is value
2. If maintenance hole was used, were all cov	rers securely replaced?	Yes No please e	plain	
Explanation: Riser on TI St	vifted Contact S	scure but on	ser is structually yo	
3. If owner refuses to allow a Subsurface So them complete and sign the following st	ewage Treatment Syster	n (SSTS) to be pumpe	d through the maintenance hole,	have
l,	(owner's name) refuse to	allow the removal of so	olids and liquids through the mainte	
hole. I understand that removal of solids ar	nd liquids through other a	access points is not con	sidered maintenance	nance:
4. Is the tank designed as a leaky tank? examp			nacica manitenance.	
Tank#1 Yes No Verificatio Metho				
Tank#2 Yes No Verificatio Metho	-			
is there evidence of tank leakage from a damaged, cracked, or structurally unsoul	septic, noiging, pretreat nd maintenance hole co	ment or pump tank b vers?	elow the operating depth or evid	ence of
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		
Pretreatment Tank	Yes No		Yes No	
Pump Tank		Yes No	Yes No	
	Yes No	Yes No	Yes No	
6. How many gallons of septage were removed	vea!			
Tank #1 1750 Tank #2	Pretreatment Tai	nk	Pump Tank 500	
7. Other information: List any troubleshooti	ing, minor repairs condu	icted, tank safety cond	terns, or other concerns.	
B. Certification: I hereby certify as a State of Manager and made the observations,	Minnesota certified SSTS Nor directly supervised oth	Maintainer that I person ers in the performance	ally conducted the work of this job.	
Maintainer's Name: Olson's Sewer Service, I			s Street NE, Forest Lake, MN	
Maintainer's License #: 216 Mainta	niner's Phone #: 651-464	-2082		
Maintainer's Signature	//	Date:	2-2-2021	