## 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 • 0 3 325 e 22360

Date of Maintenance 5/26/22 Reason	on for Maintenance:	)		্র
Property Address: 13317 Homes H	end Ave Prop	erty Owner's Name:	phen+Arlic Gi	Fith
Municipality: Nugo	State Zip Coo	de <u>55038</u> GEO C	ode/Property I.D. #:	TV
What was done to the system?	TankMe	asurements (must be co	<b>ાં છે.</b> માનું મુખ્ય કર્યા કરતા વિભાગ	d)
Tank(s) Pumped Sludge and scum measured.	Liquid Level of Tank in. Sludge Level in. Scum Level in.			
Do tanks need to be pumped?  Yes No (If no provide measurement)	Total (Sludge + So	:um)/ Liquid Le	vel = % Sludge & Scu	ım
1. Access used to remove septage: Maint	tenance Hole Tother	(Go to #3 below)	<ul> <li>Tank must be pumped if is greater than 25%.</li> </ul>	this value
2. If maintenance hole was used, were all covered to the covered t	ers securely replaced? [	Yes No please exp	lain	
Explanation: Homeade Riser on	L.S. Crumbling.	Cover on bu	t not structurally	Soun
3. If owner refuses to allow a Subsurface Se them complete and sign the following sta	_	m (SSTS) to be pumped	through the maintenance ho	le, have
l,	owner's name), refuse to	allow the removal of soli	ds and liquids through the mai	ntenance
hole. I understand that removal of solids an	d liquids through other	access points is not consi	dered maintenance.	
4. Is the tank designed as a leaky tank? examp	le: seepage pit, cesspool, d	lrywell, leaching pit		
Tank#1 Yes No Verificatio Metho	od Used: Unable 10	verity		
Tank#2 Yes No Verificatio Metho	od Used:			-
5. Is there evidence of tank leakage from a damaged, cracked, or structurally unsour			ow the operating depth or ex	idence 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	☐ 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 remove	ved?			
Tank#1 1250 Tank#2	Pretreatment Ta	nk Pi	ump Tank	
7. Other information: List any troubleshoot	ing, minor repairs cond	ucted, tank safety conce	erns, or other concerns.	
Ground overly saturated a	round pump li	ne and dist	to box	
<ol> <li>Certification: I hereby certify as a State of I and made the observations,</li> </ol>				
Maintainer's Name: Olson's Sewer Service,	Inc. Maintaine	er's Address: 17638 Lyons	Street NE, Forest Lake, MN	
Maintainer's License #: 216 Mainta	ainer's Phone #: 651-46	4-2082	ε	
Maintainer's Signature			Date:	