## 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 REPORTO \ 454-27586

| Date of Maintenance 6 15 22 Reason for Maintenance:   |                    |                      |                            |           |
|---|--------------------|----------------------|----------------------------|-----------|
| Property Address: 22671 Jeffen, Are. N Property Owner's Name: Ly y & + Terry Welson   |                    |                      |                            |           |
| Municipality: Twestlake State |                    |                      |                            |           |
| What was done to the system.  | it - to fail the   | asurements (musebero | mpleteolistanksNOTepumpe   |           |
| Tank(s) Pumped Sludge and scum measured.  | Liquid Level of Ta | in. Sludge           | Level in. Scum Level       | in.       |
| Do tanks need to be pumped?  Yes No (If no provide measurem   | Total (Sludge + So | :um) / Liquid Le     | vel = % Sludge & Scul      | m         |
|   |                    | (Go to #3 helow)     | * Tank must be pumped if t | his value |
| 1. Access used to remove septage: Maintenance Hole Other (Go to #3 below)  2. If maintenance hole was used, were all covers securely replaced? Yes 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:  |                    |                      |                            |           |
| l, (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 No Verificatio Method Used:   |                    |                      |                            |           |
| 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 1500 Tank #2 Pretreatment Tank  |                    | nnkPı                | ump Tank 550               |           |
| 7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.   |                    |                      |                            |           |
| 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  | 6 P.               | Date: 6              | -15-20                     |           |