

## SSTS MAINTENANCE REPORT

Date of Maintenance 10/15/15 Reason for Maintenance: Reg. maint.  
 Property Address: 21590 Oland Ave. N. Property Owner's Name: Gladys Hawke  
 Municipality: Scandia State MN Zip Code 55073 GEO Code/Property I.D. #: \_\_\_\_\_

What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements)	Liquid Level of Tank _____ in. Sludge Level _____ in. Scum Level _____ in. Total (Sludge + Scum) _____ / Liquid Level _____ = % Sludge & Scum _____ *

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?  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:  
 I, \_\_\_\_\_ (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  Yes  No Verificatio Method Used: pre-cast  
 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. How many gallons of septage were removed?  
 Tank #1 1250 Tank #2 \_\_\_\_\_ Pretreatment Tank \_\_\_\_\_ Pump Tank 350

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: SMILIE'S SEWER SERVICE/V.E.S. Inc. Maintainer's Address: Scandia, MN  
 Maintainer's License #: 2428 Maintainer's Phone #: 651-433-3005  
 Maintainer's Signature: K.V. Date: 10/15/15