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 17510 28833

Date of Main	tenance 10-14-22 Rea	ason for Maintenance:			
Property Add	ress: 15710 Ma	nnin, TRV Pro	operty Owner's Name:	Kelly Fanns	7.81
Municipality:	Marine	State Zip Co	ode GEO	Code/Property I.D. #:	
	t was done to the system.	e a le faginis av	leasurements (muscobe	sopoleteelleeniswoleom	500
Tank(s) Pu	•	liquid Lavel of 7	- A		
Sludge and scum measured.		Liquid Level of T	ank in. Sludg	in. Sludge Level in. Scum Level	
Do tanks need to be pumped? Yes No (If no provide measurements		ments) Total (Sludge + S	Scum) / Liquid l	Level = %Sludge & S	cum
1. Access used	to remove septage: Mai	ntenance Hole A Qthe	r (Go to #3 below)	* Tank must be pumped	if this value
2. If maintenan	ce hole was used, were all co	vers securely replaced?	Yes No please ex	is greater than 25%.	
Explanation:					
3. If owner refu	uses to allow a Subsurface S ete and sign the following s	Sewage Treatment Systetatement:	em (SSTS) to be pumped	through the maintenance h	ole, have
1011	1	(owner's name), refuse to	allow the removal of so	lids and liquids through the ma	aintenance
hole. I under	stand that removal of solids a	nd liquids through other	access points is not cons	idered maintenance.	
4. Is the tank de	signed as a leaky tank? examp	ple: seepage pit, cesspool, c	drywell, leaching pit		
Tank#1 🔲 Y	'es No Verificatio Meth	od Used:			
Tank#2 Ty	es No Verificatio Meth	od Used:			-
5. Is there evide damaged, cra	ence of tank leakage from a acked, or structurally unsou	septic, holding, pretrea nd maintenance hole co	tment or pump tank be	low the operating depth or e	vidence 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 ga	lions of septage were remo	ved?			
Tank #1 Tank #2 Pretreatment Tank Pump Tank					
7. Other informa	tion: List any troubleshooti	ing, minor repairs condu	acted, tank safety conce	rns, or other concerns.	
8. Certification:	I hereby certify as a State of A and made the observations, o	Minnesota certified SSTS Nor directly supervised other	Maintainer that I personal ers in the performance of	ly conducted the work f this job.	
Maintainer's Na	me: Olson's Sewer Service, I	nc. Maintaine	r's Address: 17638 Lyons	Street NE, Forest Lake, MN	
Maintainer's Lic	ense #: 216 Mainta	iner's Phone #: 651-464	-2082	ı	
Maintainer's Sig	gnature M/My	7	Date: /c	1-/4-22	
		or control of the con			