## 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 P4568 U 28834

Date of Maintenance 10-14-22 Rea	ason for Maintenance:			
Property Address: 16/73 Mann	in TRN PI	roperty Owner's Name:	make Told He	- I
Municipalitie Man me	State Zip C	odeGE	O Code/Property I.D. #:	
What was done to the systems	an le tention	/leasurements/limus(ab	asomplace-Neorica of poin	ibeles
Tank(s) Pumped	Liquid Level of	Talk in al		
Sludge and scum measured.  Do tanks need to be pumped?	Liquid Level Of	in. Sinc	ige Level in. Scum Lev	rel in.
Yes No (If no provide measure)	Total (Sludge +	Scum) / Liquic	i Level = % Sludge & :	Scum
1. Access used to remove septage: Mai			* Tank must be pumped	
		*	is areater than 250%	ii this value
2. If maintenance hole was used, were all co	vers securely replaced?	Yes No please	explain	
Explanation:				
3. If owner refuses to allow a Subsurface S them complete and sign the following s	ewage Treatment Systetatement:	em (SSTS) to be pumpe	ed through the maintenance h	nole, have
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(OWDON'S name) refuse t		8. 8	
hole. I understand that removal of solids a	nd liquids through other	access points is not so-	olids and liquids through the m	aintenance
4. is the tank designed as a leaky tank? examp	ple: seepage pit, cesspool.	drwell. leaching nit	isidered maintenance,	
Tank#1 Yes No Verificatio Meth		ary transfer and a second part		
	<i>‡</i>			
Tank#2 Yes No Verificatio Meth	12-1-1-1			•
5. is there evidence of tank leakage from a damaged, cracked, or structurally unsou	septic, holding, pretre	atment or pump tank b	elow the operating depth or o	evidence of
Tank	Leaking Out	Leaking In		
Septic/Holding Tank #1	Yes No	Yes No	Cover Damage	
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	
. How many gallons of septage were remov	red?		Tites Tino	
k#1 300 Tank#2 Pretreatment Tank Pump Tank				
. Other information: List any troubleshooti	ng, minor repairs cond	ucted, tank safety conc	erns, or other concerns	
		•	The second secon	
Certification: I hereby certify as a State of A and made the observations, o	Minnesota certified SSTS I	Maintainer that I personates in the performance of	ally conducted the work	
Maintainer's Name: Olson's Sewer Service, In			s Street NE, Forest Lake, MN	
Maintainer's License #: 216 Mainta	iner's Phone #: 651-464		(	
Maintainer's Signature	1	Date:	6-14-22	
9 1	UV			