

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
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SSTS MAINTENANCE REPORT da55ha9a31

Date of Maintenance: 11-11-22 Reason for Maintenance:

Property Address: 2140 Porra Ave
 Municipality: Forest Lake
 State: Zip Code: GEO Code/Property I.D. #:

Tank(s) Pumped <input checked="" type="checkbox"/> Sludge and scum measured <input type="checkbox"/> Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide measurements)	What was done to the system? Tank Measurement (must be completed if tank is not pumped)
Liquid Level of Tank in. Sludge Level in. Scum Level in. Total (Sludge + Scum) / Liquid Level = % Sludge & Scum	* Tank must be pumped if this value is greater than 25%. 1. Access used to remove septage: <input checked="" type="checkbox"/> Maintenance Hole <input type="checkbox"/> Other (Go to #3 below) 2. If maintenance hole was used, were all covers securely replaced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No please explain

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:
 (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 Verification Method Used:
 Tank#2 Yes No Verification 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How many gallons of septage were removed?
 Tank #1 125
 Tank #2
 Pretreatment Tank
 Pump Tank

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: [Signature]
 Date: 11-11-22