

**SSTS MAINTENANCE REPORT 705429231**

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

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

Property Address: 23800 Nokvik Ave N Property Owner's Name: Ron Luck

Municipality: Scandia 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)	
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:  Maintenance Hole  Other (Go to #3 below)  Explanation: \_\_\_\_\_

2. If maintenance hole was used, were all covers securely replaced?  Yes  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: \_\_\_\_\_

4. Is the tank designed as a leaky tank? example: seepage pit, cesspool, drywell, leaching pit  
 hole. I understand that removal of solids and liquids through other access points is not considered maintenance. (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.

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#1  Yes  No Verification Method Used: \_\_\_\_\_  
 Tank#2  Yes  No Verification Method Used: \_\_\_\_\_

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 1000 Tank #2 1000 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

Date: 11-11-22 Maintainer's Signature: \_\_\_\_\_