## 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 M7456292

Date of Maintenance	Research to	TAMIACE K	eport myyseac
Property Address: 957	Reason for Mainter	nance:	
_03010	1000 St 1.	Property Own	
Municipality: WMM	0.0	Property Owner's N	ime: 10/10 BC130
What was done to the sy	State M	Zip Code 55138	GEO Code 12
Tank(s) Pumped	l <b>é</b> m?		GEO Code/Property I.D. #:
Sludge and scum measured.			itere somblete distance to the sound
Do tanks need to be pumped?	Liquid Le	evel of Tarik in	Charles
Yes No Uf no provide	Totalia		Sludge Level in. Scum Level
1. Access used to see	asurements)	dge + Scum) / Lie	-
Access used to remove septage:      If maintenance hole was used, were	Maintenance Hole	10thoras	Juid Level = % Sludge & Scur
2. If maintenance hole was used, were a Explanation:	all covers securely re-t-	Go to #3 below)	* Tank must be pumped if the is greater than 25%
Explanation:	- securely replace	red? A Yes No pleas	is greater than 25%.
3. If owner refuses to allow a Subsurfa them complete and sign the following I,			-7
them complete and sign the following	ce Sewage Treatment	System (SSTC) en &	
l, ·	'y statement:	is the factor of the bring	ped through the maintenance hote.
hole. I understand that	(owner's name), refu	ISO to allernat	ince riole, h
hole. I understand that removal of solid 4. Is the tank designed as a leaky tank? exc Tank#1 [1] Yes [2]	is and liquids through o	ther access not a removal of	solids and liquids through the mainten
4. Is the tank designed as a leaky tank? exc	imple: seepage pit, cessor	and drawly to the second	nsidered maintenance
Tank#1 [] Yes No Verificatio Me	Albantes : .	pit and a second pit	
Tank#2 Tives State	rinod Used: ViSu	$\alpha$ /	
Tank#2 ☐ Yes ☒ No Verificatio Mel	thod Used:	1	
5. is there evidence of tank leakage from damaged, cracked, or structurally unso	a septic, holding pros	<u>a/</u>	
To a structurally unso	und maintenance hole	eatment or pump tank b	elow the operating down
Sentic/Volume	Leaking Out	Looking	relating depth or evidence
Tank#1	Yes No	Leaking In	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
6. How many gallons of septage were remov	/ed?	☐ Yes ☐ No	□Yes □No
1500 Tank#2			
7. Other information: List any troubleshooting.  3. Certification: Thereby certify as a State of the second	Pretreatment Tar	nk	
tist any troubleshootin	g, minor repairs condu	Pun	PP Tank
Cortic	-P-113 COIIGE	cted, tank safety concerr	s, or other concerns
Thereby certify as a State of Min	Dherota acuta		concerns.
A Certification: I hereby certify as a State of Mile and made the observations, or Maintainer's Name: Olson's Sewer Service, Inc.	directly supervised ask	aintainer that I personally	Conduct
Maintainer's Name: Olson's Sewer Service, Inc.	ypervised other	rs in the performance of th	is job.
Maintainer's License #	iviaintainer's	Address: 1763R I vone se	
	r's Phone #: 651-464-26	The Lyons Str	eet NE, Forest Lake, MN
Maintainer's Signature	05 1-464-20	U82 ————	
-00	A	Date: 10/s	-/
7			122
√#X		3.5	