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 12095 12993

-	leason for Maintenance:	>		. ,
Property Address: 19635 Fore	ST BIVE	Property Owner's Name:	Jim Becke	n V
Municipality: forest Lake	State M/ Zip	Code 95025 GE	O Code/Property I.D. #:	~/
What was done to the system.			Asomolata Premizina nam	
Tank(s) Pumped			an Nadarian Chambin	
Sludge and scum measured.	Liquid Level o	f Tarik in. Sluc	ige Level in. Scum Lev	rel in
Do tanks need to be pumped?	Total (Sludge :	(Cours)		
Yes No (If no provide measure	ements)		Level = %Sludge &	Scum
1. Access used to remove septage: Ma	intenance Hole 🔲 Oth	er (Go to #3 below)	* Tank must be pumped	if this value
2. If maintenance hole was used, were all co	overs securely replaced?	Tiyes TiNo please a	is greater than 25%.	
Explanation:	- ,		APIUII	
If owner refuses to allow a Subsurface them complete and sign the following:	Sewage Treatment Systatement:	tem (SSTS) to be pumpe	d through the maintenance h	ole, have
1, .				
hole. I understand that removal of solids a	(Owner's name), reruse	to allow the removal of so	olids and liquids through the m	aintenance
4. Is the tank designed as a leaky tank? exam	ple: seepaae pit. cesspool	dowell leaching nit	idered maintenance.	
Tank#1 ☐ Yes 📈 No Verificatio Meth				
Touline The House	V1940			
Tank#2 ☐ Yes X No Verificatio Meth	od Used: 1940 1			•
Is there evidence of tank leakage from a damaged, cracked, or structurally unsou	septic, holding, pretre	atment or pump tank be	low the operating depth or e	vidence of
Tank	Leaking Out	1		
Septic/Holding 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	☐ Yes ☐ No	
6. How many gallons of septage were remov		Yes No	Yes No	
Tank#1 1500 Tank#2 1000		nk p _i	mp Tank 500	
7. Other information: List any troubleshooti		acted, tank safety conce	rns, or other concerns.	
All and a second a				
8. Certification: I hereby certify as a State of N and made the observations, o	Ainnesota certified SSTS A or directly supervised oth	Maintainer that I personallers in the performance of	y conducted the work this job.	
Maintainer's Name: Olson's Sewer Service, Ir		's Address: 17638 Lyons		
Maintainer's License #: 216 Maintai	her's Phone #: 651-464		i and desired total	
Maintainer's Signature		Date: 5/-	21/27	
- Me	/	J/.	01/0	= x