

# Reporting Information

**Date of maintenance:** 24May16 **Reason for maintenance:** SSTS Compliance

Property address: 23209 St Croix Tr N (32-031-19-33-0007-1) City: Scandia State: MN Zip: 55073

Property owner's name: National Park Service - St. Croix NSR (attn: Larry Bloomer)

Property-owner's address *if different*: 401 North Hamilton Street

City: St. Croix Falls State: WI Zip: 54024 Phone: (715)755-2430 Fax: (715)755-2578

1. Access used to remove septage:  Maintenance hole  Other (Go to #3 below)
2. If maintenance hole was used, were all covers securely replaced?  Yes  No *please explain*

Explanation: \_\_\_\_\_

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.

I, \_\_\_\_\_, refuse to allow the removal of the solids and liquids through the maintenance

(Owner's name)

hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)

Tank #1:  Yes  No Verification method used? visual

Tank #2:  Yes  No Verification method used? visual

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 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
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: 1,000 Tank #2: 1,000 Pretreatment Tank: N/A Pump Tank: N/A

7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?

Yes  No Please explain: \_\_\_\_\_

Disposal site:  Wastewater treatment plant  Land application  Other (please explain below)

Explanation: \_\_\_\_\_

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 and address: Jim/Row Sewer Service, Inc. 412 Bench St/POB 236; Taylors Falls, MN 55084

Maintainer's license #: 1-3309 Maintainer's phone: (651)226-8802

Maintainer's signature:  Date: 5/24/16