



MINNESOTA POLLUTION CONTROL AGENCY

520 Lafayette Road North  
St. Paul, MN 55155-4194

Code paid  
V9371431460

# Sewage tank maintenance reporting form

## Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

**Purpose:** Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form may be used to certify the compliance status of the sewage tank components of the SSTS. **This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.**

**Instructions:** A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government may be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

### Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
- Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
- Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

### Reporting information

Date of maintenance (mm/dd/yyyy): 11-13-21 Reason for maintenance: Routine  
 Property address: 6372 Crackle Berry Trl Parcel ID: \_\_\_\_\_  
 City: Woodbury State: MN Zip code: \_\_\_\_\_  
 Property owner's name: Nathan Reynolds  
 Property-owner's address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Did you measure the accumulation of scum and sludge?  Yes  No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
<input type="checkbox"/> Septic/holding tank #1	4	12		
<input type="checkbox"/> Septic/holding tank #2				
<input type="checkbox"/> Pretreatment tank				
<input type="checkbox"/> Pump tank				

2. Access used to remove septage:  Maintenance hole  Other (Unless a holding tank, go to #4 below)

3. If the maintenance hole was used, were all covers secured in place?  Yes  No If no, please explain below:  
 Actual Size~ Tank#1 1250 Tank #2 \_\_\_\_\_ Tank #3/Pump Tank \_\_\_\_\_

4. If the 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

(Print owner's name)

hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Owner's signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Property address: 6372 Crackle Berry Trl  
 City: Woodbury State: MN

Parcel ID: \_\_\_\_\_  
 Zip code: \_\_\_\_\_

5. 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: \_\_\_\_\_

6. Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

Tank #1: 1250 Tank #2: \_\_\_\_\_ Pretreatment Tank: \_\_\_\_\_ Pump Tank: \_\_\_\_\_

8. Where was the septage taken?  Wastewater treatment facility  Land application  Other

Explanation (Facility name/Site #): Blue Lake

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

- Yes  No If yes, identify tank and explain:  
 Evidence of non-domestic waste  Baffle(s) condition  Effluent screen condition  
 Maintenance hole and extensions condition  Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)  
 Explanation: \_\_\_\_\_

10. List any troubleshooting and minor repairs completed or declined by owner:

<input type="checkbox"/> Troubleshooting and repairs conducted:	<input type="checkbox"/> Repairs declined by owner:
_____	_____
_____	_____

Additional comments or suggestions for owner's consideration:

**Pumping record**

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

- As a noncertified individual who has received proper training, daily work review, and periodic observation, or  
 As a designated certified individual of the business listed below.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

**Company information**

Company name: Mike's Septic & McKinley Sewer  
 Business license number: L 1665 & L2899  
 Email: \_\_\_\_\_  
 Employee's signature: Cody McInley

**Employee information**

Print name: Cody McInley  
 Certification number: (if applicable): \_\_\_\_\_  
 Phone number: 952-440-1800  
 Date (mm/dd/yyyy): 11-13-21



**Memorandum**

Date: 06-27-2023  
To: Robyn  
From: Denise Lange  
Subject: Pumping Code

Purpose: Memo

Hi Robyn, I am sending you a copy of your code.

Here it is whenever you would like to use it in the future, just write it on the form and mail it to me and I will enter it.

**v9371u31460**

Code issued

call with any questions.

I am also going to mail you some paperwork to pin on your bulletin board!!!

Denise Lange 651-430-6724

06-27-2023

<b>Delete</b>	v9371u31460	06/27/2023 3:38 PM By: denise.lange@co.washington.mn.us	1 Code to be used at a later date-MCR# 47058 IV # 9237 - for Matt McKinley or Mike's Septic. Confirmation # 3851734210 Paid 5-24-2023 \$25.00 DL
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\* Add how many codes?

*A great place to live, work and play...today and tomorrow*

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13000 Ravine Parkway  
Cottage Grove, MN 55016  
Phone: 651-430-4159  
Fax: 651-430-4193

Service Center Forest Lake  
19955 Forest Road N  
Forest Lake, MN 55025  
Phone: 651-275-7260  
Fax: 651-275-7263

Government Center  
14949 62nd St N P.O. Box 30  
Stillwater, MN 55082-0030  
Phone: 651-430-6455  
Fax: 651-430-6605

Service Center Woodbury  
2150 Radio Drive  
Woodbury, MN 55125  
651-275-8650  
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