

# SSTS MAINTENANCE REPORT

Date of Maintenance 10/18/23 Reason for Maintenance: \_\_\_\_\_

Property Address: 9225 239th St N

Property Owner's Name: Jerry & Sherry Sniderich

Municipality: Forest Lake

State MN Zip Code 55025

GEO Code/Property I.D.#: \_\_\_\_\_

<input type="checkbox"/> Tank(s) Pumped <input checked="" type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no provide measurements)	Liquid Level of Tank <u>40</u> in. Sludge Level <u>6</u> in. Scum Level <u>0</u> in. Total (Sludge + Scum) <u>6</u> / Liquid Level <u>40</u> = %Sludge & Scum <u>15%</u>
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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

\* Tank must be pumped if this value is greater than 25%.

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, \_\_\_\_\_ (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.

4. 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: \_\_\_\_\_

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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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 \_\_\_\_\_ Tank #2 \_\_\_\_\_ 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

Maintainer's Signature: [Signature]

Date: 10/18/23