

SSTS MAINTENANCE REPORT

Date of Maintenance 10-26-23 Reason for Maintenance: X0790F32885
 Property Address: 2445 Periwinkle Property Owner's Name: Justin Hoanung
 Municipality: St. Cloud State _____ Zip Code _____ GEO Code/Property I.D.# _____

<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Liquid Level of Tank _____ in.</td> <td style="border-bottom: 1px solid black;">Sludge Level _____ in.</td> <td style="border-bottom: 1px solid black;">Scum Level _____ in.</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Total (Sludge + Scum) _____ / Liquid Level _____</td> <td style="border-bottom: 1px solid black;">= % Sludge & Scum _____</td> </tr> </table>	Liquid Level of Tank _____ in.	Sludge Level _____ in.	Scum Level _____ in.	Total (Sludge + Scum) _____ / Liquid Level _____		= % Sludge & Scum _____
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Total (Sludge + Scum) _____ / Liquid Level _____		= % Sludge & Scum _____					

1. Access used to remove septage: Maintenance Hole Other (Go to #3 below) * Tank must be pumped if this value is greater than 25%.
 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, _____ (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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. How many gallons of septage were removed?
 Tank #1 1500 Tank #2 1000 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: 10-26-23