SSTS MAINTENANCE REPORT

Date of Maintenance __11-16-23__ Reason for Maintenance: _84859in335ee_

Property Address: _14598 Oldhusland~ TR_   Property Owner's Name: _Jan Lodewijk Lootes_

Municipality: _Marine_   State ____ Zip Code ____   GEO Code/Property I.D. #: ____

What was done to the system	Tank Measurement must be completed prior to pumping
☒ Tank(s) Pumped	Liquid Level of Tank ____ in. Sludge Level ____ in. Scum Level ____ in.
☐ Sludge and scum measured. Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements)	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   Verificatio Method Used: _____

Tank#2 ☐ Yes ☐ No   Verificatio 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	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
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 removed?

Tank #1 _(500)_   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: _11-16-23_