

SSTS MAINTENANCE REPORT X5307h 34739

Date of Maintenance 4/8/24 Reason for Maintenance: _____

Property Address: 12183 Janero Ave N

Property Owner's Name: Adam Esk

Municipality: Hugo

State MN

Zip Code 55038

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)	Liquid Level of Tank: _____ in. Sludge Level _____ in. Scum Level _____ in. Total (Sludge + Scum) _____ / Liquid Level _____ = % Sludge & Scum _____
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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 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 checked="" type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input checked="" 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 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 _____

Date: 4/8/24