

SSTS MAINTENANCE REPORT t. 2320234744

Date of Maintenance 4.10.24 Reason for Maintenance: P.M

Property Address: 9779 203rd

Property Owner's Name: Bill Kenow

Municipality: _____

State: MN

Zip Code: 55005

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 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 #1 500

Tank #2 1000

Pretreatment Tank _____

Pump Tank 300

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: 4.10.24



City of Chisago City SEPTIC TANK PUMPING AND VISUAL INSPECTION REPORT

Site Address: 12177 Stacy Trail Date: 4-10-24

Contractor Name/Address: OSSI - 17638 Lyons St. NE Forest Lake, MN

Phone Number: 651-464-2042 MPCA License #: 216

Property Owner: mitch Hedquist Phone Number: 952-381-4526

Mailing Address (if different from Pump Site):

Type of System: Mound Amount Removed from Tank: _____
(Mound, Trench, Other, Please Specify)

Number & Type of Tanks: 2 Lift / Pump Station: Yes No

Were inlet and outlet baffles checked? Yes No

Detailed findings from the inspection (such as condition of the tank or baffles): good

Any sign of the following:
Overflow Yes No
Effluent Percolating from the Ground Yes No
Sewage Backup in the Home Yes No

I hereby certify that the above information is correct to the best of my knowledge.
[Signature]
Signature

For office use only.
Date system was installed: _____

Original design / soil borings on file: Yes No

Original design information compliant with today's standards: Yes No

This report does not serve as a Septic Compliance Inspection.

White Copy to City

Yellow Copy to Owner

Pink Copy to Contractor

SSTS MAINTENANCE REPORT 01532634743

Date of Maintenance 4-10-24 Reason for Maintenance: PM

Property Address: 16514 Jeffrey Ave Property Owner's Name: Andrew Reding

Municipality: _____ 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) * 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 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: [Signature] Date: 4-10-24



City of Chisago City SEPTIC TANK PUMPING AND VISUAL INSPECTION REPORT

Site Address: 27858 Nathan Lane Date: 4-10-24

Contractor Name/Address: OSSI - 17638 Lyons St. NE Forest Lake, MN

Phone Number: 651-464-2082 MPCA License #: 216

Property Owner: DEAN ARMSTRONG Phone Number: 612-280-1224

Mailing Address (if different from Pump Site):

Type of System: ~~Mound~~ trench Amount Removed from Tank: 2320
(Mound, Trench, Other, Please Specify)

Number & Type of Tanks: _____ Lift / Pump Station: Yes No

Were inlet and outlet baffles checked? Yes No

Detailed findings from the inspection (such as condition of the tank or baffles):

Any sign of the following:

Overflow	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Effluent Percolating from the Ground	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sewage Backup in the Home	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

I hereby certify that the above information is correct to the best of my knowledge.

Signature

For office use only.
Date system was installed: _____

Original design / soil borings on file: Yes No

Original design information compliant with today's standards: Yes No

This report does not serve as a Septic Compliance Inspection.

White Copy to City

Yellow Copy to Owner

Pink Copy to Contractor



SEPTIC CONTRACTOR'S PUMPING RECORD

1685 CROSSTOWN BOULEVARD NW, ANDOVER, MINNESOTA 55304

(763) 755-8700 • FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

Plumbing /Septic/Utilities Contractor <i>Olsons Sewer</i>		License Number <i>216</i>	E-Mail Address
Mail Address <i>17638 Lyons St NE</i>			
Contact Person		Telephone	Mobile Telephone

No.	Address	Owner's Name	Date Pumped
1	<i>3541 152nd Lane NW Andover, MN 55304</i>	<i>Xander Moob Zaaj</i>	<i>4/10/24</i>
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

The fee for each pumping permit is \$20.00.

PLEASE SUBMIT PUMPING REPORT TO CITY WITHIN 30 DAYS AFTER PUMPING



East Bethel City Hall

2241 221st Ave NE | East Bethel, MN 55011
Phone: (763) 367-7844 | Fax: (763) 434-9578

SEPTIC PUMPING PERMIT/REPORT

The following information is required to be reported to the city. All information must be filled out COMPLETELY and submitted to city hall with a \$5.00 filing fee.

PROPERTY OWNER INFORMATION

Property Owner Name: Janet Collen

Address of the property pumped: 330 Laurel RD

Date pumped: 4 / 9 / 24

SEPTIC PUMPING COMPANY

State Licensed Septic Maintainer: Olson's Sewer Service MPCA License #: 216

REQUIRED INFORMATION

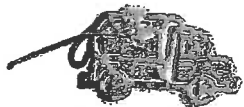
<p>TYPE OF SYSTEM: <input type="checkbox"/> Mound <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Specify other: _____</p> <p># of septic tanks: <u>1</u></p> <p>Gallons pumped: <u>1450</u></p> <p>REQUIRED by MN Rules 7080-0175 Sub 3, Sec b unless declined by the property owner.</p> <p>Was maintenance cover removed for cleaning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the homeowner declines than homeowner/agent must sign here:</p> <p>After pumping and cleaning the tank, did you detect any problems with the condition of the tank and/or the inlet and outlet baffles? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain: <u>Pumped Tank for abandonment</u></p> <p>Was there sewage on top of the ground (imminent health threat)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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SEPTIC DISPOSAL

MWCC Dumpsite Location: _____

Landsread Location: _____

Filing Fee Due: \$5



City of North Oaks: Septic Tank Maintenance Pumping Report

****NOTE: This is NOT a Septic Compliance Inspection.**

Return form & payment within 10 Days of service to:

City of North Oaks
100 Village Center Drive, Suite 230
North Oaks, MN 55127

\$20 Fee per report

Ch# _____
Date Received _____

(Updated 1/1/2018)

Date of maintenance: 4-10-24 Reason for maintenance: _____

Property address: 25 Evergreen Rd City: N.O. State: _____ Zip: _____

Property owner's name: Sarah Booth

Property-owner's address if different: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

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 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 the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

Owner's signature: _____ Date: _____

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	
	<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 #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 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: 125 Tank #2: 125 Pretreatment Tank: _____ Pump Tank: _____

7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?

Yes Please explain: _____
 No Disposal site Wastewater treatment plant Land application Other please explain

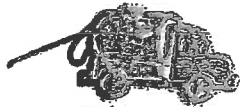
Explanation: _____
Other information: List any troubleshooting, minor repairs conducted, tank safety concerns or other concerns: _____

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 and address: OSSI 17638 Lynx St. NE. Frost Lake, MN

Maintainer's license #: 2110 Maintainer's phone: (651) 464-2062

Maintainer's signature: [Signature] Date: 4-10-24



City of North Oaks: Septic Tank Maintenance Pumping Report

****NOTE: This is NOT a Septic Compliance Inspection.**

Return form & payment within 10 Days of service to:

City of North Oaks
100 Village Center Drive, Suite 230
North Oaks, MN 55127

\$20 Fee per report

Ch# _____

Date Received _____

(Updated 1/1/2018)

Date of maintenance: 4-10-24 Reason for maintenance: _____

Property address: 21 Hay Camp Rd City: N.O. State: _____ Zip: _____

Property owner's name: Ralph McKinley

Property-owner's address if different: _____
City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

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 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 the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

Owner's signature: _____ Date: _____

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" 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: 1000 Tank #2: 1000 Pretreatment Tank: _____ Pump Tank: _____

7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?

Yes Please explain: _____
 No Disposal site Wastewater treatment plant Land application Other please explain

Explanation: _____
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 and address: OSSI 17038 Lyons St. NE. Frost Lake, MN

Maintainer's license #: 210 Maintainer's phone: 651-444-2062

Maintainer's signature: [Signature] Date: 4-10-24