GOVERNMENT CENTER
14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730

# SSTS MAINTENANCE REPORT + 2320 234744

Date of Maintenance	Paren for ter		FURT T 1320	23474
	Reason for Mainten	ance: TM		
Property Address: 977900	SRD	Property Owner's Na	me:Bill Kenow	*
Municipality:	State M N			
A All Market Street Street	State VIV	Zip Code 55005	GEO Code/Property I.D. f:	
Tank(s) Pumped		10 Median from the	(E) Equility time and	
Sludge and scum measured.	liquidto			100
Do tanks need to be pumped?	I ridulo re	vel of Taffik in	Studge Level in. Scum	level in
Yes No (If no provide mean	Total (Slud	lge + Scum) / Lia		-
t. Access used to remove septage:	Surements)	Liq	uid Level = %Sludge	&Scum
2. If maintenance before	Maintenance Hole	Other (Go to #3 below)	* Tank must be pump	Ded if this who
2. If maintenance hole was used, were all Explanation.	l covers securely replace	ed? Des Tinoplens	is greater than 25%.	
3. If owner refuses to allow a Subsurfac them complete and sign the following I.	e Sewage Treatment S	Wetom (Cero)		
. Complete and sign the following	statement:	ystem (5515) to be pump	ed through the maintenance	hole, have
Company of the Compan	4.	•		
hole. I understand that removal of solids 4. Is the tank designed as a leaky tank? exar	and liquids through ot	her access points is a second	solids and liquids through the n	naintenara
4. Is the tank designed as a leaky tank? exam	mple: seepage pit, cesspo	of drawell leaching is not con	nsidered maintenance.	Billet
Tank#1   Yes   No Verificatio Met	had Usadi	-v ary veri, reaching pit		
	2			
	hod Used:			
5. is there evidence of tank leakage from a damaged, cracked, or structurally unsou	septic, holding, pretr	ealment or pump tank be	2	
Tank	ne maintenance hole	Covers?	now the operating depth or e	vidence of
Septic/Holding Tank #1	Leaking Out	Leaking In	Cover Damage	
Septic/Holding Tank#2	Yes No	Yes Prio	Yes ORo	
Pretreatment Tank	Yes PNo	Yes No	I Yes No	
Pump Tank	Yes No	Yes No	☐Yes ☐No	
5. How many galions of septage were remove	Yes No	Yes No	[] Yes [ZiNo	
Tamba ata V	ed?		T. T	
1011/12	Pretreatment Ta	nk Pun	np Tank 3()	
Other information: List any troubleshooting	g, minor repairs condu	ried tout and a	th sauk DOO	
		The salety concern	is, or other concerns.	
Certification: I hereby certify as a State of Mir and made the observations, or	nesota certified SSTS M	oimte in		
and made the observations, or Maintainer's Name: Oksor's Saves Saves	directly supervised other	is in the performance of the	conducted the work	
Maintainer's Name: Olson's Sewer Service, Inc.	Maintainer	Address: 17620	ים אָטט,	
Maintainer's License #: 216 Maintaine		Address: 17638 Lyons Str	eet NE, Forest Lake, MN	
	15 Prione #: 651-464-2	2082	1	
Maintainer's Signature	1	Date: \	112 7.	
	( -	- 4	Way	
		`	,	



White Copy to City

## City of Chisago City SEPTIC TANK PUMPING AND VISUAL INSPECTION REPORT

Site Address:     Marcy   Tail	Date: 4-10-24
Contractor Name/Address: OSST - 17638 3	not, what town & sr. to enough
Phone Number: 651-464-2082	MPCA License #: 2\U
Property Owner: Mitch Hedgeoust	Phone Number: 4526
Mailing Address (If different from Pump Site):	
Type of System: (Mound, Trench, Other, Please Specify)	Amount Removed from Tank:
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):
Sewage Backup in	
I hereby certify that the above informa  Signature	tion is correct to the best of my knowledge.
For office use only.  Date system was installed:	
Original design / soil borings on file:	/es No
Original design information compliant with today's sta	andards: Yes No
This report does <u>not</u> se	rve as a Septic Compliance Inspection.

Yellow Copy to Owner

Pink Copy to Contractor

GOVERNMENT CENTER 14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006 Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730

## SSTS MAINTENANCE REPORT 41532634743

4-10-24	Reason for Maintena	BCA!	615345347
Property Address: 10860 Def	Pharma		
Municipality:	TREY MILE	Property Owner's Na	me: Andrew Reding
Was Will was Tone (Yndry)	State/\(\text{NW}\)	Zip Code 55/038	GEO Code/Property I.D. #:
Tank(s) Pumped		alikhamokanikan	(11) omila Phrodiologica Progr
Sludge and soum measured	Liquid Leve	1-67.4	
Do tanks need to be pumped?  Yes No (If no provide meas	Total (Sludg		m.
T. Access used to remove septage:		- Liq	uid Level = %Sludge & Scum
2. It maintenance hole was used, were all	covers securely replace	Other (Go to #3 below)	* Tank must be pumped if this value is greater than 25%.
Explanation:			e explain
3. If owner refuses to allow a Subsurface them complete and sign the following I.	Sewage Treatment Sy	stem (SSTS) to be numn	Gef channel of
I,	stetement:	<i>w</i>	ed through the maintenance hole, have
hole. I understand that removed of call a	(owner's name), refuse	e to allow the removal of s	solids and liquids through the maintenance
hole. I understand that removal of solids  4. Is the tank designed as a leaky tank? exan	and liquids through oth	er access points is not cor	isidered maintenance
4. Is the tank designed as a leaky tank? exant Tank#1 Yes Wo Verificatio Meti	· · · · · · · · · · · · · · · · · · ·	l, drywell, leaching pit	maintenance.
Tank#2 Tyes No Verificatio Month	and the st		-
5. is there evidence of tank leakage from a damaged, cracked, or structurally unsou	Sentic holds		
damaged, cracked, or structurally unsou	nd maintenance hole o	alment or pump tank be	low the operating depth as a side
	Leaking Out	Leaking In	1
Septic/Holding Tank#1	☐Yes ☐No		Cover Damage
Septic/Holding Tank #2	Yes Mig	Yes INO	[] Yes [GNo
Pretreatment Tank		Yes Tho	
The state of the s	Lives TiNo		[ Yes [ ] Yes
Pump Tank	☐Yes ☐No ☐	☐ Yes ☐ No	TYes TINO
Pump Tank	Tives Time		[] Yes [] No
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000	Yes No	Yes No	[] Yes [] No
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000	Yes No	Yes No	[] Yes [] No
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000  7. Other information: List any troubleshooting	Pretreatment Tan	Yes No Yes No Punted, tank safety concern	Yes No Yes No  Tyes N
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000  7. Other information: List any troubleshooting  6. Certification: Thereby certify as a finite of the	Pretreatment Tan	Yes No Yes No Yes No Punted, tank safety concern	Yes No  Yes No  Tyes
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000  7. Other information: List any troubleshooting  6. Certification: I hereby certify as a State of Minand made the observations, or certify and made the observations.	Pretreatment Tania, minor repairs conductinesota certified SSTS Malirectly supervised others	Yes No Yes No Purrented, tank safety concern intainer that I personally of the performance of the	Yes No Yes No  Tyes N
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000  7. Other information: List any troubleshooting  6. Certification: I hereby certify as a State of Minand made the observations, or of Maintainer's Name: Olson's Sewer Service Inc.  Maintainer's Name: Olson's Sewer Service Inc.	Pretreatment Tanion, minor repairs conductinesota certified SSTS Malirectly supervised others.  Maintainer's	Yes No Yes No  Yes No  Purited, tank safety concern  intainer that I personally of in the performance of the Address: 17638 Lyons Street	Yes No Yes No  Tyes N
Pump Tank  6. How many gallons of septage were remove  Tank#1 500 Tank#2 000  7. Other information: List any troubleshooting  6. Certification: I hereby certify as a State of Minand made the observations, or of Maintainer's Name: Olson's Sewer Service Inc.  Maintainer's Name: Olson's Sewer Service Inc.	Pretreatment Tania, minor repairs conductinesota certified SSTS Malirectly supervised others	Yes No Yes No  Yes No  Purited, tank safety concern  intainer that I personally of in the performance of the Address: 17638 Lyons Street	Yes No Yes No  Tyes N



White Copy to City

## City of Chisago City SEPTIC TANK PUMPING AND VISUAL INSPECTION REPORT

Site Address: d 1858 Northan Love
Phone Number: (95). 4144-2082 MPCA License # 214
Phone Number: 651-464-2082 MPCA License #: 216
Property Owner: DEAN DRM Story Phone Number: 612-280-1224
Mailing Address (If different from Pump Site):
Type of System: Amount Removed from Tank: 2320  (Mound, Trench, Other, Please Specify)
Number & Type of Tanks:Lift / Pump Station: Ves 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  Effluent Percolating from the Ground Yes  Sewage Backup in the Home  Yes  No  No
I hereby certify that the above information is correct to the best of my knowledge.
For office use only.  Date system was installed:
Original design / soil borings on file: Yes No
Original design information compliant with today's standards:
This report does <u>not</u> serve as a Septic Compliance Inspection.

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

	bing /Septic/Utilities Contractor	License Number	E-Mail Address		
Ols	ons Sewer	216			
Mail Add	ons Sewer  dress 38 Lyons St NE  Person				
Contact	SS LYONS ST /UL	Telephone	Mobile Telep	hone	
Oblitaci	1 613011	Telephone			
	T			Date	
No.	Address	Owner's	Owner's Name		
	1 1 1 2 2 1 1 1 1 1 1	Xander Moob-Zaai		Pumped 4/10/24	
1 354/ 152nd Lane NW Andover, MN 55304		xander 1100	o Laas		
'	Andover, MN 55304				
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The fee for each pumping permit \$\$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
TYPE OF SYSTEM: Mound Trench Specify other:
REQUIRED by MN Rules 7080-0175 Sub 3, Sec b unless declined by the property owner.  Was maintenance cover removed for cleaning: Yes No  If the homeowner declines than homeowner/agent must sign here:  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 No
If yes, please explain: Pumped Tant for abandonment
Was there sewage on top of the ground (imminent health threat)?
SEPTIC DISPOSAL  MWCC Dumpsite Location:
Landspread Location:

Filing Fee Due: \$5



### City of North Oaks: Septic Tank Maintenance Pumping Report

Return form & pay	**NOTE: This	s NOT a Septic Complian	
	ment within 10 Days of consider	Pa.	nce Inspection.
AND INDIAN OSKS		to:	\$20 Fee per report
100 Village Center I	Drive, Suite 230		Ch#
North Oaks, MN 55:	127	77	Date Received
Date of maintanan	127  4-10:24  Reaso  Evergreen RD City  Sarah Booth	************	(Updated 1/1/2018)
Property address:	Reaso	n for maintenance	
Property owner's name:	Evergreen RD City	N.0	State: 2:
Property-owner's address i	if different		Zip;
City:	State: 7:		
1. Access used to re-	if different:  State: Zip:  move septage: AM Maintenance b.	Phone:	Fax:
2. If maintenance he	move septage: Maintenance h	ole Other (Go to #3 bel	ow)
	oje was used, were all covers secu	rely replaced? XYes N	please explain Explanation:
3. If owner refuses to	a allema Cuita		
hove them are to	o allow a Subsurface Sewage Trea te and sign the following statemen	tment System (SSTS) to be p	umped through the maintain
A C THEM COMPIE	te and sign the following statemen	t.	
4	(owner's name), refu	ise to allow the removed acre.	oolida aa a ta'aa
maintenance hole. I	understand that removal of solids a	nd liquide the set of the	sonds and liquids through the
Owner's signature:	understand that removal of solids a	no udanos anonau oidel access	points is not considered maintenan
4. Is the tank designed	as a leaky tank?		Date:
Tank #1: D Ves E	as a leaky tank? Example: seepa No Verification method	ge pit, cesspool, drywell, leach	ing pit
	Yentication method	teed?	
f Tother and Tes K	No Verification method	used?	
evidence of demand	tank leakage from a septic, holding cracked or structurally unsound	g, pretreatment or numn teni	hata an
	or creeked of civichitally more and	and down and rest	S VEIUW INP ANAMES
	and any ansound	maintenance hole covers?	or operating depth or
Tank			
Tank  Sptic/holding Tank #1	Leaking Out	Leaking,in	Cover damage
Tank  Pptic/holding Tank #1  Pptic/holding Tank #2	Leaking Out  Yes No	Leaking in Yes No	Cover damege  Yes 12 No
Tank  ptic/holding Tank #1  ptic/holding Tank #2  streatment Tank	Leaking Out  Yes No  Yes No	Leaking in  Yes No  Yes No	Cover damege  Yes 12 No
Tank  ptic/holding Tank #1  ptic/holding Tank #2  streatment Tank	Leaking Out  Yes No  Yes No  Yes No	Leaking in  Yes No  Yes No  Yes No	Cover damege  Yes No  Yes No
Tank  Eptic/holding Tank #1  Eptic/holding Tank #2  Etreatment Tank  mp Tank	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No	Leaking in  Yes No  Yes No	Cover damage  Yes No  Yes No  Yes No
Tank  Eptic/holding Tank #1  Eptic/holding Tank #2  Etreatment Tank  mp Tank  6. How many sallons of a	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No	Leaking in  Yes No Yes No Yes No Yes No Yes No	Cover damage  Yes No  Yes No  Yes No  Yes No
Tank  Eptic/holding Tank #1  Eptic/holding Tank #2  Etreatment Tank  mp Tank  6. How many sallons of a	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No	Leaking in  Yes No Yes No Yes No Yes No Yes No	Cover damage  Yes No  Yes No  Yes No  Yes No
Tank  ptic/holding Tank #1  ptic/holding Tank #2  etreatment Tank  mp Tank  6. How many gallons of stank #1:	Leaking Qut  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump	Cover damage  Yes No  Yes No  Yes No  Yes No
Tank  Eptic/holding Tank #1  Eptic/holding Tank #2  Etreatment Tank  mp Tank  6. How many gallons of s  Tank #1:	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump	Cover damage  Yes No  Yes No  Yes No  Yes No
Tank  eptic/holding Tank #1  eptic/holding Tank #2  etreatment Tank  mp Tank  6. How many gallons of sank #1:  7. Is there any sensory (sank #1:  Yes Please explain:  No Disposal site	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  Tank #2: Pretreatm  mell and/or sight) evidence of non-	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?	Cover damage  Yes No  Yes No  Yes No  Yes No
Tank  Eptic/holding Tank #1  Eptic/holding Tank #2  Etreatment Tank  Mp Tank  6. How many gallons of sank #1:  7. Is there any sensory (sand yes)  Yes Please explain:  No Disposal site Explanation:	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  Mell and/or sight) evidence of non-  Wastewater treatment plant	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?	Cover damage  Yes No Yes No Yes No Yes No Tank:
Tank  Eptic/holding Tank #1  Eptic/holding Tank #2  Etreatment Tank  Mp Tank  6. How many gallons of sank #1:  7. Is there any sensory (sand yes)  Yes Please explain:  No Disposal site Explanation:	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  Mell and/or sight) evidence of non-  Wastewater treatment plant	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?	Cover damage  Yes No Yes No Yes No Yes No Tank:
Tank eptic/holding Tank #1 eptic/holding Tank #2 etreatment Tank mp Tank  6. How many gallons of s Tank #1:	Leaking Qut  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  reptage were removed?  Tank #2: Pretreatm  mell and/or sight) evidence of non-  wastewater treatment plant  any troubleshooting, minor repairs co	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?  Land application Onducted, tank safety concerns	Cover damage  Yes No  Yes No  Yes No  Yes No  Tank:
Tank  eptic/holding Tank #1  eptic/holding Tank #2  etreatment Tank  imp Tank  6. How many gallons of sank #1:  7. Is there any sensory (sand yes)  Yes Please explain:  No Disposal site Explanation:  Other information: List and B. Certification: I hereby contains the property of the pr	Leaking Out  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  reptage were removed?  Tank #2: Pretreatm  mell and/or sight) evidence of non-  way troubleshooting, minor repairs con-  ertify as a State of Minnesote, costification.	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?  Land application Onducted, tank safety concerns of	Cover damage  Yes No  Yes No  Yes No  Yes No  Tank:
Tank  eptic/holding Tank #1  eptic/holding Tank #2  retreatment Tank  amp Tank  6. How many gallons of sank #1:	Leaking Out  Yes No  Pretreatm  reptage were removed?  Tank #2: Pretreatm  reall and/or sight) evidence of non-  way troubleshooting, minor repairs concertify as a State of Minnesota-certific directly supervised others in the nerf	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?  Land application Onducted, tank safety concerns of	Cover damage  Yes No  Yes No  Yes No  Yes No  Tank:
Tank  ceptic/holding Tank #1  ceptic/holding Tank #2  retreatment Tank  comp Tank  6. How many gallons of sank #1:	Leaking Qut  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  reptage were removed?  Tank #2: Pretreatm  mell and/or sight) evidence of non-  e Wastewater treatment plant  any troubleshooting, minor repairs co  ertify as a State of Minnesota-certifi  directly supervised others in the perf  dress: OSSI 1703 &	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?  Land application O  onducted, tank safety concerns of this job	Cover damege  Yes No  Yes No  Yes No  Yes No  Tank:  Other please explain  Or other concerns:  Onally conducted the work and
Tank  eptic/holding Tank #1  eptic/holding Tank #2  retreatment Tank  amp Tank  6. How many gallons of sank #1:	Leaking Qut  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Pretreatm  reptage were removed?  Tank #2: Pretreatm  mell and/or sight) evidence of non-  e Wastewater treatment plant  any troubleshooting, minor repairs co  ertify as a State of Minnesota-certifi  directly supervised others in the perf  dress: OSSI 1703 &	Leaking in  Yes No  Yes No  Yes No  Yes No  Yes No  Pump  domestic wastes?  Land application Onducted, tank safety concerns of	Cover damage  Yes No  Yes No  Yes No  Yes No  Tank:  Tank:  Or other concerns:  Onally conducted the work and

# City of North Oaks: Septic Tank Maintenance Pumping Report \*\*NOTE: This is NOT a Septic Compliance Inspection.

Return form & payn City of North Oaks	ent within 10 Days of service	to:	
100 Village Center D	rive Suite 220		\$20 Fee per report
NORTH Daks, MN 551	27 ·		Date Received
		*****************	(Updated 1/1/2018)
Property owner's name:	tax camp RD Cin	on for maintenance:	State: Zip;
City:	Ctate: 2:	,	
1. Access used to ren	State: Zip:  Ove septage: Maintenance h	Phone:	Fax:
2. If maintenance hol	le was used, were all covers secu	rely replaced? A Yes No	w) please explain Explanation:
I,	(owner's name), refu	use to allow the removal of the se	and the second s
Tank #1: ☐ Yes  Tank #2: ☐ Yes   5. Is there evidence of the	No Verification method  No Verification method	age pit, cesspool, drywell, leachi used?used?used?	ng pît
	cracked or structurally unsoun	maintenance hole covers?	velow the operating depth or
Tank	Leaking Out	Leaking in	1
Septic/holding Tank #1	Yes W No	Yes No	Cover damage
Septic/holding Tank #2	Yes No	Yes No	Yes WNo
Pretreatment Tank	Yes No	Yes No	Yes No
Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tank #2: / Pretreate	nent Tank: Pump	Yes No Tank:
No Disposal site	ell and/or sight) evidence of non		ě
	ny troubleshooting, minor repairs o		her please explain
8. Certification: I hereby ce	diffuse a State act of		omei conceini:
made the observations or d	rtify as a State of Minnesota-certification in the per	fied SSTS Maintainer that I perso	nally conducted the work and
Maintainer's name and add	ress: OSSI 17038	1 mance of this job.	2.11
Maintainer's license #: 🔍	16 11/	1 .311-10 cm	not July, mn
Maintainer's signature:	fel lyin	Maintainer's phone: US	400-2012
	0 11		770 2