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

Date of Maintenance 4/17/2	// Posses & As a		mer OKI	
Branch a su	7 heason for Mainte	nance: 65016I	34760	
Property Address: 21961	WASON DO	Banana	51120	
Municipality:	octive the c	Property Owner's	Name: Dougt Carol Sti	-
Municipality: Scandia	State MA	Zip Code	Carol St	Cit
E TO BUT TO COMPANY		23013	SEO Code/Property I.D. f.	
Tank(s) Pumped			The valence of the control of the co	
Sludge and scum measured	Liquid Le	untate A		
Do toriks need to be humands	11		Sludge Level in. Scum Level	in.
Ves No (If no provide me	nsurements) Total (Slut	ige + Scum) / L	Tour to	-
F. Access used to remove septage.	Kasimeanan		ascal	
2. If maintenance hole was used, were a Explanation:	Hole	Other (Go to #3 below)	* Tank must be pumped if this	
Evolution was used, were a	il covers securely replace	ed? Elyes TiNoples	is greater than 25%.	vilve
explanation:		The piece	se explain	
3. If owner refuses to allow a Subsurfac	ce Sewage Treatment		A	
3. If owner refuses to allow a Subsurfaction them complete and sign the following the	g statement:	ystem (SSTS) to be pum	ped through the maintenance	Personal Per
.	(OMPORE TO A	•	menance hole, ha	ve
hole. I understand that removal of solid	s and liquids above), refus	se to allow the removal of	f solids and liquids through the maintenan	
hole. I understand that removal of solid 6. Is the tank designed as a leaky tank? example to the solid terms of the solid terms.			She maintenant of the maintena	ce
Tank#1 Dyes No Verificatio Met	resspon	ol, drywell, leaching pit	and the same of th	
Tanking Tanking Me	hod Used: Visua	n/		
THES I NO VOICE AND				
5. Is there evidence of tank leakage from a damaged, cracked, or structurally unsou	Septic holding			
cracked, or structurally unsou	inci maintenance hoje	elment or pump tank b	elow the operating days	
	Leaking Out	laskana	supply of evidence of	
Septic/Holding Tank #1	TYes PNo	Leaking In	Cover Damage	
Septic/Holding Tank #2	☐Yes ☐No	Yes Ano	Yes Alto	
Pretreatment Tank	☐Yes ☐No	Yes No	[Yes [No	
Pump Tank	Tive E	Yes No	☐Yes ☐No	
6. How many gallons of septage were remove	ed?	☐Yes ☐No ☐	[] Yes []No	
Tank#1 1200 Tank#2	6			
7. Other information: List and the	Pretreatment 7an	kPur	np Tank	
7. Other information: List any troubleshooting	g, minor repairs conduc	ted, tank safety conson		
B. Certification: hereby and		and your certifiers	15, or other concerns,	
B. Certification: I hereby certify as a State of Min and made the observations, or a	nesota certified SSTS Ma	intainer that I norse and t		
and made the observations, or a Maintainer's Name: Olson's Sewer Service Inc.	urectly supervised others	in the performance of th	conducted the work	
The service, inc.	Maintainer's	Address: 17620 L	Job.	
Maintainer's License #: 216 Maintaine	's Phone #: 651-464-20	Address: 17638 Lyons Str	eet NE, Forest Lake, MN	
Maintainer's Signature	657-464-20	82		
The state of the s	1	Date: ///	./	
		4/17	1/24	
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