

Property address: 6699 Orchard Ridge Trl

Parcel ID: \_\_\_\_\_

City: Woodbury

State: MN

Zip code: 55129

5. 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: \_\_\_\_\_

6. Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

Tank #1: 1000 Tank #2: 1000 Pretreatment Tank: \_\_\_\_\_ Pump Tank: \_\_\_\_\_

8. Where was the septage taken?  Wastewater treatment facility  Land application  Other

Explanation (Facility name/Site #): Blue Lake

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

Yes  No If yes, identify tank and explain:

Evidence of non-domestic waste  Baffle(s) condition  Effluent screen condition

Maintenance hole and extensions condition  Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation: \_\_\_\_\_

10. List any troubleshooting and minor repairs completed or declined by owner:

Troubleshooting and repairs conducted:

Repairs declined by owner:

Additional comments or suggestions for owner's consideration:

### Pumping record

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

As a noncertified individual who has received proper training, daily work review, and periodic observation, or

As a designated certified individual of the business listed below.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

#### Company information

Company name: Mike's Septic & McKinley Sewer

Business license number: L 1665 & L2899

Email: \_\_\_\_\_

Employee's signature: Cody McKinley

#### Employee information

Print name: Cody McKinley

Certification number: (if applicable): \_\_\_\_\_

Phone number: 952-440-1800

Date (mm/dd/yyyy): 6/18/2024



Washington

Sewage tank maintenance reporting form
Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment.

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date.

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

- a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight.
b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mm/dd/yyyy): 6/18/2024 Reason for maintenance: Routine
Property address: 0500 Orchard Ridge Trl Parcel ID:
City: Woodbury State: MN Zip code: 55129
Property owner's name: Roni Linn
Property-owner's address (if different):
City: State: Zip code:
Phone number: Email address:

1. Did you measure the accumulation of scum and sludge? [X] Yes [ ] No (tank(s) pumped without measuring)

Table with 5 columns: Tank (check if present), Scum, Sludge, Operating depth, Percent full. Rows include Septic/holding tank #1, Septic/holding tank #2, Pretreatment tank, and Pump tank.

2. Access used to remove septage: [X] Maintenance hole [ ] Other (Unless a holding tank, go to #4 below)

3. Under maintenance, were all covers secured in place? [X] Yes [ ] No If no, please explain below:
Tank#1 1000 Tank #2 1000 Tank #3 or Pump Tank

4. If the 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, (Print 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 a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Owner's signature: Date (mm/dd/yyyy):