

## SSTS MAINTENANCE REPORT

Date of Maintenance 9-21-16 Reason for Maintenance: routine

Property Address: 11217 30th St N Property Owner's Name: Jerry Kressin

Municipality: Lake Elmo State \_\_\_\_\_ Zip Code 55042 GEO Code/Property I.D. #: 2745294155

What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)
<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 _____ *

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: Tank is in flower garden with rock over it

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 type="checkbox"/> No
Septic/Holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 \_\_\_\_\_ 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: PINKY'S SEWER SERVICE Maintainer's Address: P.O. Box 354 Afton, MN 55001

Maintainer's License #: 1673 Maintainer's Phone #: 651-439-4847

Maintainer's Signature:  Date: 9-21-16