DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

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

	12 MAIN LEMAIN		
Date of Maintenance 7-13-16 Reason for	Maintenance: Sa	1e-	
17141 940	The Stappoperty O	wner's Name:	g Dufte
Property Address: 13191 290	State My Zip Code	550 77 GEO Code	/Property I.D. #:
Municipality:	State/ // Zip code	ments (must be comp	leted if tanks NOT pumped)
What was done to the system?	Tank Measure		in
Tank(s) Pumped	Liquid Level of Tank	in. Sludge Lev	el in. Scum Level in.
Sludge and scum measured. Do tanks need to be pumped?	Total (Sludge + Scum)	/ Liquid Level	= % Sludge & Scum
- I am aggurament	CI II		* Tank must be pumped if this value
1. Access used to remove septage: Mainten	ance Hole Other (Go 1	to #3 below)	is greater than 25%.
2. If maintenance hole was used, were all covers	securely replaced? Ye	es No please explai	п
		·	35
Explanation: 3. If owner refuses to allow a Subsurface Sew	age Treatment System (S	STS) to be pumped th	rough the maintenance nois, nave
	war's name) refuse to all	ow the removal of solids	and liquids through the maintenance
l, (o hole. I understand that removal of solids and	l liquids through other acc	ess points is not conside	ned Hantenanes
4. Is the tank designed as a leaky tank? example	e: seepage pit, cesspool, dryv	veli, leaching pit	
Tank#1 ☐ Yes ☑ No Verificatio Method	d Used:		
	- Ulaadi		·
Tank#2 Yes No Verificatio Metho 5. Is there evidence of tank leakage from a s		nent or pump tank bel	ow the operating depth or evidence of
Is there evidence of tank leakage from a s damaged, cracked, or structurally unsour	nd maintenance hole cov		
Tank	Leaking Out		Cover Damage
Septic/Holding Tank #1	Yes No	☐ Yes ☑ No	Yes No
Septic/Holding Tank #2	☐ Yes ☐ No	Yes No	Yes No
Pretreatment Tank	Yes No	Yes No	Yes No
Pump Tank	Yes No	Yes No	Yes No
6. How many galions of septage were remo	oved?		
- + # 15.00 Tank#2	Pretreatment Ta	nk F	Pump Tank
7. Other information: List any troubleshoo	ting, minor repairs cond	ucted, tank safety con	cerns, or other concerns.
8. Certification: Thereby certify as a State of the observation	of Minnesota certified SSTS	Maintainer that i person	nally conducted the Work tof this job.
8. Certification: I hereby certify as a State of and made the observation	s, or directly supervised of	P.O. Box 7	02 North Branch, MN 55056
Maintainer's Name: Hassle Free Septic			
Maintainer's License #: L3287 Mai	intainer's Phone #: 763-2	22-4397 	9-13-16
Maintainer's Signature 22	the second second section of the second section of the second second section is a second section of the second	Date:	