

07-032-19-21-0002

Reporting Information

Date of maintenance: 24May17 Reason for maintenance: SSTS Compliance

Property address: 23209 St Croix Tr N (32-031-10-33-0007-1) City: Scandia State: MN Zip: 55073

Property owner's name: National Park Service - St. Croix NSR (attn: Larry Bloomer)

Property-owner's address if different: 401 North Hamilton Street

City: St. Croix Falls State: WI Zip: 54024 Phone: (715)755-2430 Fax: (715)755-2578

- 1. Access used to remove septage: [X] Maintenance hole [ ] Other (Go to #3 below)
2. If maintenance hole was used, were all covers securely replaced? [X] Yes [ ] No please explain

Explanation:

- 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 the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

Owner's signature: Date:

- 4. Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)
Tank #1: [ ] Yes [X] No Verification method used? visual
Tank #2: [ ] Yes [X] No Verification method used? visual

- 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?

Table with 4 columns: Tank, Leaking out, Leaking in, Cover damage. Rows include Septic/holding Tank #1, Septic/holding Tank #2, Pretreatment Tank, and Pump Tank.

- 6. How many gallons of septage were removed?
Tank #1: 1,000 Tank #2: 1,000 Pretreatment Tank: N/A Pump Tank: N/A

- 7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?
[ ] Yes [X] No Please explain:
Disposal site: [ ] Wastewater treatment plant [ ] Land application [ ] Other (please explain below)
Explanation:

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 and address: Jim/Row Sewer Service, Inc. 412 Bench St/POB 236; Taylors Falls, MN 55084

Maintainer's license #: 63309 Maintainer's phone: (651)226-8802

Maintainer's signature: Date: 24May17