

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

Date of Maintenance	Maintenance:			
Property Address: 10071-3152-57-57	Proper	y Owner's Name: 014	Hash + priso Mossi	· Mas
Municipality: Office St	ate MN Zip Code	55001	ode/Property I.D. #: @ 5908}	GYda
What was done to the system?	Tank Meas	rements (must be co	mpleted if tanks NOT pumped)	
Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped?	Liquid Level of Tank Total (Sludge + Scun	in. Sludge L		in. —
Yes No (If no provide measurements)				
1. Access used to remove septage: Maintenand			 * Tank must be pumped if this is greater than 25%. 	value
2. If maintenance hole was used, were all covers sec	urely replaced? 🍂	es No please expl	ain	
Explanation:				
3. If owner refuses to allow a Subsurface Sewage them complete and sign the following stateme	Treatment System (nt:	SSTS) to be pumped to	hrough the maintenance hole, h	ave
I, (owne	r's name) refuse to all	ow the removal of solid	و المحمد	
hole. I understand that removal of solids and liqu	ids through other acc	ess points is not consid	ls and liquids through the mainte	nance
4. Is the tank designed as a leaky tank? example: seep			ered maintenance.	
Tank#1 Yes No Verificatio Method Use	d:			
Tank#2 Yes No Verificatio Method Use	d:			
 Is there evidence of tank leakage from a septic damaged, cracked, or structurally unsound ma 	holding, pretreatm intenance hole cove	ent or pump tank belo 's?	ow the operating depth or evide	nce of
Tank L	eaking Out	Leaking In	Cover Damage	
Septic/Holding Tank #1	Yes No	T Yes No	☐ Yes ▼ No	
Septic/Holding Tank #2	Yes XNo	☐ Yes ◯No	☐ Yes ☐ No	
Pretreatment Tank	Yes No	☐ Yes ☐ No	☐ Yes ☐ No	
Pump Tank	Yes No	☐ Yes IX No	☐ Yes ☑ No	
6. How many gallons of septage were removed?				
Tank #1 500 Tank #2 1500	Pretreatment Tank	Pur	np Tank \ \ SOO	
7. Other information: List any troubleshooting, mi	nor repairs conduct	ed, tank safety concer	ns, or other concerns.	
8. Certification: I hereby certify as a State of Minnes and made the observations, or direct	ota certified SSTS Mai ctly supervised others	ntainer that I personally in the performance of t	r conducted the work	
Maintainer's Name: 1120ns Sewer Serv	Maintainer's	Address: 17638	Lyons STNE	
Maintainer's License #: Maintainer's			/	
Maintainer's Signature	T.			

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midifice:	aiglenance Pung	o in	
State MN Zip Coo	de 55073 GEOG	ode/Property I.D. #: <u>a 5635/6</u>	76
Tank Me	easurements (must be co	mpleted if tanks NOT pumped)	
Liquid Level of Ta	nk in. Sludge	Level in. Scum Level in.	*
	/C-+-#2 -	* Tank must be pumped if this value	P
		is greater than 25%.	-
ecurely replaced?	Yes No please exp	lain	
ge Treatment Systement:	m (SSTS) to be pumped t	hrough the maintenance hole, have	-
ner's name), refuse to	allow the removal of solid	ds and liquids through the maintenance	
			:
sed: Pumping			
tic, holding, pretrea	tment or pump tank bel	ow the operating depth or evidence o	– of
50.0	ï e î	Cover Damage	
□ Yes □ No			
☐ Yes ► No			
	1 100 1 210	1 163 1 840	
	ınk Pu	mp Tank 🏽 🗸 🗃	
minor repairs cond	ucted, tank safety conce	rns, or other concerns.	
			_
nesota certified SSTS in irectly supervised other irectly supervised other irectly supervised other irectly supervised other irectly supervised other irectly supervised other irectly supervised irectly supervised irectly supervised irectly supervised irectly supervised irectly supervised irectly supervised irectly supervised irectly supervised irectly i	Maintainer that I personal ners in the performance of	ly conducted the work this job.	
Maintaine	er's Address: 17638 Ly	ns Street We Forestlake MW	_
r's Phone #: 1.5(-9	114-2087		
	1612000		
	State DN Zip Coo Tank Me Liquid Level of Ta Total (Sludge + So Ince Hole Other Gecurely replaced? Get Treatment Systement: Ince 's name), refuse to epage pit, cesspool, of epage pit, cesspool	Property Owner's Name: State Pin Zip Code 55073 GEO Co Tank Measurements (must be co Liquid Level of Tank in. Sludge Total (Sludge + Scum) / Liquid Level Ince Hole Other (Go to #3 below) Securely replaced? Yes No please explained through other access points is not considered pair to the plained to the plained through other access points is not considered pit, cesspool, drywell, leaching pit Seed: Paragray Seed: Paragray Leaking Out Leaking In Yes No Yes No Pretreatment Tank Puminor repairs conducted, tank safety conce	Property Owner's Name: Cet Stein State DN Zip Code 55073 GEO-Code/Property I.D. #: 45035/16 Tank Measurements (must be completed if tanks NOT pumped) Liquid Level of Tank in. Sludge Level in. Scum Level in. Total (Sludge + Scum) / Liquid Level = % Sludge & Scum Ince Hole Other (Go to #3 below) * Tank must be pumped if this value is greater than 25%. Tank must be pumped if this value is greater than 25%. The pumped if this value is greate

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PM

Date of Mainter	nance ///o/17 Reason	on for Maintenance:	interace pump	1139
Property Addre	SS: 20572 Maning T		erty Owner's Name:	aria Forsell
Municipality:	Scandia	State MN Zip Coo	le 55073 GEOC	ode/Property I.D. #: <u>n 3686m696</u>
What	was done to the system?	Tank Me	asurements (must be co	ompleted if tanks NOT pumped)
Tank(s) Pum		Liquid Level of Ta	nk in Studen	Level in. Scum Level in.
	scum measured.	Liquid Level of Ta	nk in. Sludge	Level Scum Level
	ed to be pumped?	Total (Sludge + So	um) / Liquid Le	evel = % Sludge & Scum
	1 10 (ii no provide medsarem			
	o remove septage: Main	-		* Tank must be pumped if this value is greater than 25%.
2. If maintenance	e hole was used, were all cov	ers securely replaced? 「	Yes No please exp	lain
Explanation:				
3. If owner refu	ses to allow a Subsurface Se te and sign the following st	ewage Treatment Systematement:	m (SSTS) to be pumped	through the maintenance hole, have
I, M-				ids and liquids through the maintenance
	tand that femoval of solids ar			dered maintenance.
	signed as a leaky tank? examp		ryweii, ieacning pit	
Tank#1	es No Verificatio Metho	od Used: funpin		
Tank#2 ☐ Ye	es No Verificatio Metho	od Used:		
5. Is there evide	nce of tank leakage from a	septic, holding, pretrea	tment or pump tank be	low the operating depth or evidence of
damaged, cra	cked, or structurally unsoui	1	P and the second	I
	Tank	Leaking Out	Leaking In	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 ga	llons of septage were remo	ved?		
Tank #1 571	Tank #2	Pretreatment Ta	nk Pi	ump Tank
	ition: List any troubleshoot	ing, minor renairs cond	ucted tank safety conce	orns or other conserve
	,	g,or repuits cond	acteu, tank salety conte	ans, or other concerns.
	I hereby certify as a State of I and made the observations,	or directly supervised oth	ners in the performance o	of this job.
Maintainer's Na	ame: Alson's Sewer S	Maintaine	er's Address: 17638	Lyon'S Street WE Forestlike
Maintainer's Lic	gnature Mainta	ainer's Phone #: 651-46	4-2082	
Maintainer's Sig	gnature A		Date: 7	110/17



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Date of Mainte	enance)/// Reason fo	r Maintenance: Man	Jenuce pump.	ing
Property Addre	ess: 14310 Homesteg.	LAVE Property	Owner's Name:	ne Walley
Municipality:	Nos	State MN Zip Code	SS038 GEO Code	e/Property I.D. #: 16824C6963
What	was done to the system?	Tank Measu	rements (must be comp	pleted if tanks NOT pumped)
	nped I scum measured. eed to be pumped? No (If no provide measurements	Liquid Level of Tank Total (Sludge + Scum	in. Sludge Le	*
1. Access used	to remove septage: Maintena	nce Hole Other (Go	to #3 below)	* Tank must be pumped if this value
	ce hole was used, were all covers s			is greater than 25%.
Explanation:		cearcity replaced.	es No pieuse expiui	n
3. If owner refu them comple	uses to allow a Subsurface Sewa ete and sign the following stater	ge Treatment System (S nent:	STS) to be pumped thr	rough the maintenance hole, have
I,	(owi	ner's name), refuse to allo	ow the removal of solids	and liquids through the maintenance
hole. I under	stand that removal of solids and lie			
4. Is the tank de	esigned as a leaky tank? example: so	eepage pit, cesspool, dryw	ell, leaching pit	
Tank#1	Yes No Verificatio Method U	sed: purpel thoup	pe	
Tank#2	Yes ☐ No Verificatio Method U	sed:		
5. Is there evide damaged, cra	ence of tank leakage from a sept acked, or structurally unsound n	tic, holding, pretreatme naintenance hole cover	ent or pump tank below s?	w the operating depth or evidence of
	Tank	Leaking Out	Leaking In	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 ga	allons of septage were removed	?		
Tank #1	Tank #2	Pretreatment Tank	Pum	np Tank
7. Other inform	ation: List any troubleshooting,	minor repairs conducte	ed, tank safety concern	s, or other concerns.
	I hereby certify as a State of Minr and made the observations, or d	irectly supervised others	in the performance of the	his job.
Maintainer's N	Name: Ulsons Sever Sevit	Maintainer's	Address: 17638 Ly	ons Street NE Forestleke
Maintainer's L	icense #: 21 C Maintaine	r's Phone #: (51-40	,4-2082	
Maintainer's S	ignature		Date: 7/7	7/17

GOVERNMENT CENTER



Date of Maintenance 1/1/17 Reason for	r Maintenance:	aintenace pon	Ping	
Property Address: 4380 24444St	cet North Prop	erty Owner's Name:	red Hosch	
Municipality: Forest Luke	State MN Zip Coo	e <u>55025</u> GEO C	ode/Property I.D. #: 9392	8 f 696 3
What was done to the system?	Tank Me	asurements (must be co	ompleted if tanks NOT pumpe	d)
 ☐ Tank(s) Pumped ☐ Sludge and scum measured. ☐ Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements) 	Liquid Level of Ta			in. *
1. Access used to remove septage: Maintena			* Tank must be pumped if t	his value
			is greater than 25%.	varac
2. If maintenance hole was used, were all covers s	ecurely replaced?	Yes No please exp	lain	
Explanation:				
3. If owner refuses to allow a Subsurface Sewa them complete and sign the following stater	ge Treatment Syster nent:	n (SSTS) to be pumped	through the maintenance hol	e, have
			ids and liquids through the mair	ntenance
hole. I understand that removal of solids and lie			dered maintenance.	
4. Is the tank designed as a leaky tank? example: so				
Tank#1 Yes No Verificatio Method U	sed: Damoin			
Tank#2				
5. Is there evidence of tank leakage from a sept damaged, cracked, or structurally unsound n	ic, holding, pretrea	tment or pump tank be	low the operating depth or ev	idence of
Tank	Leaking Out	Leaking In	Cover Damage	
Septic/Holding Tank #1	Yes No	☐ Yes No	Yes No	
Septic/Holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	TYes TNo	,
Pretreatment Tank	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	1
Pump Tank	Yes No	☐ Yes ☐No	∏Yes ☐ No	
6. How many gallons of septage were removed	?			
Tank #1 1200 Tank #2	Pretreatment Ta	nk P	ump Tank 335	
7. Other information: List any troubleshooting,				
8. Certification: I hereby certify as a State of Minr and made the observations, or d	esota certified SSTS rectly supervised oth	Maintainer that I persona ers in the performance o	lly conducted the work of this job.	
Maintainer's Name: Olson's Swer Service	Maintaine	r's Address: 17638 (Mon's Street NE Porast Col	L WN 5502:
Maintainer's Name: <u>Olson's Swer Service</u> Maintainer's Address: <u>17638 Lyon's Street NE Porast Lehe MN55</u> 023 Maintainer's License #: <u>1651-464-2062</u>				
N N			, , ,	



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Date of Maintenance 7-7-17 Reason for I	Maintenance: Regular	Maintenar	rce
Property Address: 23350 Melanie	Tri N Property Owner's	A 1	Haslach
Municipality: Scare) ia St	ate MN Zip Code 550	GEO Code/P	roperty I.D. #: <u> </u>
What was done to the system?	Tank Measurements	(must be comple	ted if tanks NOT pumped)
☐ Tank(s) Pumped ☐ Sludge and scum measured. ☐ Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements)	Liquid Level of Tank Total (Sludge + Scum)	in. Sludge Level	in. Scum Level in in*
1. Access used to remove septage: Maintenance	te Hole	()VV)	Tank must be pumped if this value
2. If maintenance hole was used, were all covers sec	curely replaced? XYes N		is greater than 25%.
Explanation:	/ -		
If owner refuses to allow a Subsurface Sewage them complete and sign the following statement	Treatment System (SSTS) to lent:	oe pumped throu	gh the maintenance hole, have
hole. I understand that removal of solids and lique 4. Is the tank designed as a leaky tank? example: see, Tank#1 Yes No Verificatio Method Use Tank#2 Yes No Verificatio Method Use 5. Is there evidence of tank leakage from a septice	page pit, cesspool, drywell, leachi rd:rd:	ing pit	1 2
damaged, cracked, or structurally unsound ma	intenance hole covers?		•
			Cover Damage
Septic/Holding Tank #1	Yes No Yes	No	Yes No
Septic/Holding Tank #2 Pretreatment Tank	Yes No Yes Yes No Yes	No	Yes No
Pump Tank	Yes No Yes Yes No Yes	□ No □	Yes No
5. How many gallons of septage were removed?	1 10	1 10	1 163 140
Tank #1 1400 Tank #2	Pretreatment Tank	Pump T	⁻ ank
7. Other information: List any troubleshooting, m	ninor repairs conducted, tank	safety concerns, o	or other concerns.
3. Certification: I hereby certify as a State of Minne and made the observations, or dire			
Maintainer's Name: Asak Sewer S	Maintainer's Address:	17638 1	your St NX
Maintainer's License #: Maintainer's	Phone #:		
Maintainer's Signature		Date: 7-7	<u>-17</u>