

# SSTS MAINTENANCE REPORT

Date of Maintenance: 6-9-17 Reason for Maintenance: 3 year  
 Property Address: 23190 Itasca Ave Circle N Property Owner's Name: Dan Pethen  
 Municipality: \_\_\_\_\_ State: MN Zip Code: 55025 GEO Code/Property I.D. #: \_\_\_\_\_

**What was done to the system?**

Tank(s) Pumped  
 Sludge and scum measured.  
 Do tanks need to be pumped?  
 Yes  No (If no provide measurements)

**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 \_\_\_\_\_ \*

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

\* Tank must be pumped if this value is greater than 25%.

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 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 checked="" type="checkbox"/> No
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
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 1,500 Tank #2 1,000 Pretreatment Tank \_\_\_\_\_ Pump Tank 1,000

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 Address: P.O. Box 702 North Branch, MN 55056