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

Date of Maintenance 17-14-17	Reason for N	Maintenance: D.M				
Property Address: 9090 23	354h St	- Worth Property	Owner's Name:	James Douglas		
Municipality:	Sta	ate Zip Code	55025 GEO	Code/Property I.D. #: P6147069	76	
What was done to the system?		Tank Measurements (must be completed 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. Sludo		ı. *	
1. Access used to remove septage:	Maintenand	e Hole	to #3 below)	* Tank must be pumped if this valu	ie	
2. If maintenance hole was used, were				is greater than 25%. xplain		
Explanation:				,		
3. If owner refuses to allow a Subsu them complete and sign the follo	face Sewage wing stateme	Treatment System (Sent:	SSTS) to be pumpe	d through the maintenance hole, have	_	
Tank#2 Yes No Verificati	esolids and liquest example: seepent on Method Usen	ids through other accepage pit, cesspool, dryword: d: d: d: , holding, pretreatme	ess points is not con rell, leaching pit ent or pump tank b	olids and liquids through the maintenance is idered maintenance. Delow the operating depth or evidence		
Tank	ed, cracked, or structurally unsound ma Tank		Leaking In	Cover Damage		
Septic/Holding Tan		Leaking Out Yes No	☐ Yes ☑No	Yes No		
Septic/Holding Tank #2		Yes No	☐ Yes ☐ No	Yes No		
Pretreatment Tank	Г	Yes No	☐ Yes ☐ No	☐ Yes ☐ No		
Pump Tank	Г	Yes No	☐ Yes ☐ No	☐ Yes ☐ No		
6. How many gallons of septage wer	e removed?					
Tank #1 235 Tank #2		Pretreatment Tank		Pump Tank		
7. Other information: List any troubl	eshooting, m	inor repairs conduct	ed, tank safety cor	ncerns, or other concerns.		
B. Certification: I hereby certify as a S and made the observ	tate of Minne ations, or dire	sota certified SSTS Mai ectly supervised others	ntainer that I perso in the performance	nally conducted the work e of this job.		
Maintainer's Name: 0500 Suu	25	Maintainer's	Address: 17638	LYOUS STIVE.		
Maintainer's License #:	Maintainer's	Phone #: 65(-1	14.2082			
Maintainer's Signature	abet	7	Date:	7.14.17		



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

1 1 7	or Maintenance:	DIM					
Property Address: 27366 Kirk	Cowtrusth Prop	perty Owner's Name:	and munica gasty				
Municipality:	State N Zip Coo	de \$5073 GEO Co	de/Property I.D. #: X023696975				
What was done to the system?	Tank Measurements (must be completed 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 Ta						
1. Access used to remove septage: Maintena	nce 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:	,						
3. If owner refuses to allow a Subsurface Sewarthem complete and sign the following states	ge Treatment Syste nent:	m (SSTS) to be pumped th	nrough the maintenance hole, have				
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 Verificatio Method U	sed:						
Tank#2 Yes No Verificatio Method U	lsed:						
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	☐ Yes I⊠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 ITCNo	☐ Yes 反Ŵo	☐ Yes ☐ No				
6. How many gallons of septage were removed	7						
Tank #1 1000 Tank #2 1000 Pretreatment Tank Pump Tank 494							
7. Other information: List any troubleshooting,	minor repairs cond	lucted, tank safety concer	rns, or other concerns.				
9 Contification I have be said . Contification I have be said .							
8. Certification: I hereby certify as a State of Minimand made the observations, or defined the observations.	lirectly supervised ot	Maintainer that I personall hers in the performance of	y conducted the work this job.				
Maintainer's Name: OSON Seuce	Maintain Maintain	er's Address: 17638	Lyous St NE.				
Maintainer's License #: Maintaine	er's Phone #: 651-	464-2082					
Maintainer's Signature	n()	Date:	-14-17				