

## SSTS MAINTENANCE REPORT

Date of Maintenance 7-18-17 Reason for Maintenance: Maintenance Pumping  
 Property Address: 19929 Manning Trail Property Owner's Name: Greg Johnson  
 Municipality: Marine State MN Zip Code 55047 GEO Code/Property I.D. #: u6711y6983

What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements)	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) \* 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 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: Pumping  
 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 1271 Tank #2 \_\_\_\_\_ Pretreatment Tank \_\_\_\_\_ Pump Tank \_\_\_\_\_

**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 Name: Olson's Sewer Service Maintainer's Address: 17638 Lyons Street NE Forest Lake MN 55025  
 Maintainer's License #: 216 Maintainer's Phone #: 651-464-2082  
 Maintainer's Signature: [Signature] Date: 7-18-17