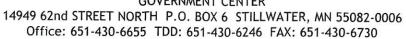
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT







SSTS MAINTENANCE REPORT

Date of Maintenance 7-4-/7 Reason for	Maintenance:		
Property Address: 23/60 Lusten	Ave NProperty	Owner's Name: 50	hn Payne
Municipality: Scardia S	tate Zip Code _	GEO Code	e/Property I.D. #: <u> </u>
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?	Liquid Level of Tank	in. Sludge Lev	*
Yes No (If no provide measurements)	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 \(\subseteq \text{No please explain} \)			
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 Verificatio Method Used:			
Tank#2 Yes No Verificatio 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	Yes No	☐ Yes ▼No	Yes No
Septic/Holding Tank #2	Yes ZNo	☐ Yes KNo	☐ Yes ✓ No
Pretreatment Tank	Yes No	☐ Yes ☐ No	□ Yes □ No
Pump Tank	Yes KNo	Yes PNo	Yes No
6. How many gallons of septage were removed?			
Tank #1 1000 Tank #2 1000 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: Olsons secuel Maintainer's Address: 17638 Lyons ST NE Fanstles			
Maintainer's License #: Maintainer's Phone #: 45/-464-2082 Maintainer's Signature Date: 74 - 17			
Maintainer's Signature Date: 74 - 17			