DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

Ed

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 Mainter	nance 7/3///7 Reason	for Maintenance:	aintenance	e-3year		
Property Addre	ss: 14035 Oldheld	& ROWN, Prope	rty Owner's Name: <u>J</u>	ohn Alams		
Municipality:	May Tup. / Stillwater	State W Zip Code	55082 GEOC	ode/Property I.D. #:		
	was done to the system?			ompleted if tanks NOT pumped	1)	
Do tanks ne	scum measured. ed to be pumped?	Liquid Level of Tan Total (Sludge + Scu		AND ADDRESS OF THE PARTY OF THE	in.	
Yes	No (If no provide measuremen	nts)				
1. Access used to	o remove septage: Mainte	nance Hole	So to #3 below)	 * Tank must be pumped if the state of the st	nis value	
2. If maintenance	e hole was used, were all cover	s securely replaced?	Yes No please exp	lain		
Explanation:						
3. If owner refu	ses to allow a Subsurface Sew te and sign the following stat	vage Treatment System ement:	(SSTS) to be pumped	through the maintenance hole	, have	
١,	(0	wner's name), refuse to a	llow the removal of soli	ids and liquids through the main	tenance	
hole. I unders	tand that removal of solids and					
4. Is the tank des	igned as a leaky tank? example	: seepage pit, cesspool, dr	well, leaching pit			
Tank#1 TY	es No Verificatio Method	Used: Jumps	7			
Tank#2 Ye	es No Verificatio Method	Used:				
	nce of tank leakage from a se cked, or structurally unsound			low the operating depth or evi	dence of	
	Tank	Leaking Out	Leaking In	Cover Damage		
	Septic/Holding Tank #1	Yes No	☐ Yes ☐ No	☐ Yes ☐ No		
	Septic/Holding Tank #2	T Yes T 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 remove	ed?				
Tank #1 406 t	Tank #2	Pretreatment Tan	k Pi	Pump Tank		
7. Other informa	tion: List any troubleshootin	g, minor repairs condu	cted, tank safety conce	erns, or other concerns.		
	I hereby certify as a State of Mi and made the observations, or	directly supervised other	rs in the performance o	of this job.		
Maintainer's Na	ame: Olsons Surar San	Maintainer	s Address: 17638 C	your Street WE Foreste	ale	
	cense #: Zlle Maintain					
Maintainer's Sig	gnature		Date: 7	-31-17		

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Date of Maintenance $\frac{7}{27}/1$ Reason for	r Maintenance:	pump reda	cement
Property Address: 6475 132 nd	Street N. Prop	erty Owner's Name:	
Municipality: Hugo	State MD Zip Cod	le <u>55038</u> GEO Co	ode/Property I.D. #: <u>1</u> 891 3a 749
What was done to the system?	Tank Me	asurements (must be cor	mpleted if tanks NOT pumped)
☐ Jank(s) Pumped ☐ Sludge and scum measured.	Liquid Level of Ta	nk in. Sludge L	evel in. Scum Level in.
Do tanks need to be pumped? Yes No (If no provide measurements)	Total (Sludge + Sc	um) / Liquid Lev	rel = % Sludge & Scum
1. Access used to remove septage: Maintenan	nce Hole Other	(Go to #3 below)	* Tank must be pumped if this value
2. If maintenance hole was used, were all covers se	ecurely replaced? (/Yes	is greater than 25%. ain
Explanation:	7		
3. If owner refuses to allow a Subsurface Sewag them complete and sign the following statem	e Treatment Syster lent:	m (SSTS) to be pumped ti	rough the maintenance hole, have
l, (own	er's name), refuse to	allow the removal of solid	ls and liquids through the maintenance
hole. I understand that removal of solids and liq			
4. Is the tank designed as a leaky tank? example: se			
Tank#1 Yes No Verificatio Method Us	sed:		
Tank#2 Yes No Verificatio Method Us			
5. Is there evidence of tank leakage from a sept		tmont or nume took bala	
damaged, cracked, or structurally unsound m	aintenance hole co	vers?	w the operating depth or evidence o
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 Ko
Pretreatment Tank	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
Pump Tank	☐ Yes ☐ Ño	☐ Yes ☑No	☐ Yes ☐No
6. How many gallons of septage were removed?			
Tank #1 1000 Tank #2 1000	Pretreatment Ta	nk Pur	mp Tank 600
7. Other information: List any troubleshooting,	minor repairs cond	ucted, tank safety concer	ns, or other concerns.
	The street and the st		
B. Certification: I hereby certify as a State of Minn and made the observations, or di			
Maintainer's Name: 0/500'S Sewer S Maintainer's License #: 216 Maintainer		(5)	*
Maintainer's License #: 216 Maintainer	's Phone #: <u>65/-</u>	464-2082	/ /
Maintainer's Signature			127/17

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Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730

Date of Maintenance 7/3///7 Reason	n for Maintenance:	aintenance porp	My	
Property Address: 23955 Hawthorn	,	perty Owner's Name: 3	V .	
Municipality: Forest Lake	State MN Zip Co	de <u>55025</u> GEO C	ode/Property I.D. #: <u>69 790</u> 0	749
What was done to the system?	Tank Me	easurements (must be co	ompleted if tanks NOT pumped)	HE ST
Tank(s) Pumped	Lie illa L CT			
Sludge and scum measured.	Liquid Level of Ta	in. Sludge	Level in. Scum Level	in.
Do tanks need to be pumped?	Total (Sludge + S	cum) / Liquid Le	evel = % Sludge & Scum	4
Yes No (If no provide measurement	ents)			
1. Access used to remove septage: Maint			 Tank must be pumped if this is greater than 25%. 	value
2. If maintenance hole was used, were all covered to the covered t	ers securely replaced?	Yes No please exp	lain	•
Explanation:				
3. If owner refuses to allow a Subsurface Se them complete and sign the following sta	wage Treatment Syste	m (SSTS) to be pumped	through the maintenance hole, h	iave
I,(owner's name), refuse to	allow the removal of sol	ds and liquids through the mainte	nance
hole. I understand that removal of solids an				
4. Is the tank designed as a leaky tank? examp	le: seepage pit, cesspool, d	drywell, leaching pit		
Tank#1 Tyes To No Verificatio Metho	d Used: Purpon	>		
Tank#2 Yes No Verificatio Metho				
5. Is there evidence of tank leakage from a s damaged, cracked, or structurally unsour	septic, holding, pretrea	tment or pump tank be	low the operating depth or evide	nce 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 TðNo	Yes No	
Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Pump Tank	TYes SNo	☐ Yes ☐ No	☐ Yes ☐ No	
6. How many gallons of septage were remov		1 100 1010	1 103 1340	
Tank #1 1000 Tank #2 1000	Pretreatment Ta	ank P	ump Tank 606	
7. Other information: List any troubleshooti	ng, minor repairs cond	ucted, tank safety conc	erns, or other concerns.	
B. Certification: I hereby certify as a State of M and made the observations,	Minnesota certified SSTS	Maintainer that I persona	lly conducted the work	
Maintainer's Name: 0/50n 3 Sever S			•	
Maintainer's License #: 246 Mainta			,	
Maintainer's Signature		Date: 7	131/17	

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Date of Maintenance //3/// Reason	on for Maintenance:	l'aintenence pan	ping	
Property Address: 23110 1705ca				
Municipality: Forestlake	State MN Zip Co	de SSOZS GEOC	ode/Property I.D. #: <u>23/4</u>	2z749
What was done to the system?	Tank Me	easurements (must be co	ompleted if tanks NOT pump	oed)
Tank(s) Pumped	Liquid Level of Ta	ank in Cludge	Level in. Scum Level	in.
Sludge and scum measured.	Liquid Level of 18	ank in. Sludge	Level III. Scum Level	
Do tanks need to be pumped?	Total (Sludge + S	cum) / Liquid Le	vel = % Sludge & So	cum *
Yes No (If no provide measurem		S	* Tank must be pumped	if this value
1. Access used to remove septage: Main	tenance Hole	(Go to #3 below)	is greater than 25%.	ir this value
2. If maintenance hole was used, were all cov	ers securely replaced?	Yes No please exp	lain	•
Explanation:				
3. If owner refuses to allow a Subsurface Statem complete and sign the following st		em (SSTS) to be pumped	through the maintenance h	ole, have
l,	(owner's name), refuse to	o allow the removal of sol	ds and liquids through the m	aintenance
hole. I understand that removal of solids a				
4. Is the tank designed as a leaky tank? examp	ole: seepage pit, cesspool,	drywell, leaching pit		
Tank#1 Yes No Verificatio Meth	od Used: Possal			
Tank#2 Yes No Verificatio Meth				
5. Is there evidence of tank leakage from a	<i>-</i>		low the energian denth an	
damaged, cracked, or structurally unsou			low 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	TYes TNo	☐ Yes 🏹 No	☐ Yes 🔞 No	
6. How many gallons of septage were remo				
Tank #1 1000 Tank #2 /000	Pretreatment T	ank 209 P	ump Tank	
7. Other information: List any troubleshoot				
B. Certification: I hereby certify as a State of and made the observations,				
Maintainer's Name: Olson's Sonce			Cyons Street NE	
Maintainer's License #: 216 Maint	ainer's Phone #: 65/-9	164-2082		
Maintainer's Signature		Date:	7/3//12	