Po

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

Date of Maintenance 5-2-17 Reason for	Maintenance:				
Property Address: 20933 Juno C.	tv Prope	rty Owner's Name:	Soe boetfoher		
Municipality: ForesT Lake S	tateZip Code	51025 GEOCH	ode/Property I.D: #: 16295n750		
What was done to the system?	What was done to the system? Tank Measurements (must be completed if tanks NOT pumped)				
☐ Sludge and scum measured. Do tanks need to be pumped?	Liquid Level of Tanl Total (Sludge + Scu				
Yes No (If no provide measurements)			/el = % Sludge & Scum		
1. Access used to remove septage: Maintenand	ce Hole	o to #3 below)	* Tank must be pumped if this value		
2. If maintenance hole was used, were all covers see			is greater than 25%.		
Explanation:					
3. If owner refuses to allow a Subsurface Sewage them complete and sign the following statements	Treatment Systement:	(SSTS) to be pumped ti	hrough the maintenance hole, have		
l, (owne	r's name) refuse to al	low the removal of colid	ls and liquids through the maintenance		
hole. I understand that removal of solids and liqu	ids through other acc	cess points is not consider	ered maintenance		
4. Is the tank designed as a leaky tank? example: seep	page pit, cesspool, dry	well, leaching pit	crea maintenance.		
Tank#1 Yes Verificatio Method Use					
Tank#2 Yes No Verificatio Method Use	d:				
Is there evidence of tank leakage from a septic, damaged, cracked, or structurally unsound mai	holding, pretreatm	ent or pump tank belo	w the operating depth or evidence of		
T T	eaking Out	Leaking In	Cover Damage		
	Yes No	☐ Yes ☑No	Yes No		
Septic/Holding Tank #2	Yes No	☐ Yes ☐ No	Tyes TNo		
Pretreatment Tank	Yes No	□ Yes □ No	Tyes TNo		
Pump Tank	Yes No	□ Yes □ No	□ Yes □ No		
6. How many gallons of septage were removed?			T TES T ING		
Tank #1 1/85 Tank #2	Pretreatment Tank	Pun	np Tank		
7. Other information: List any troubleshooting, mi	nor repairs conduct	ed, tank safety concer	·		
			ns, or other concerns.		
8. Certification: I hereby certify as a State of Minness and made the observations, or direct	ota certified SSTS Mai	ntainer that I personally in the performance of t	conducted the work		
8. Certification: I hereby certify as a State of Minness and made the observations, or direct	ota certified SSTS Mai	ntainer that I personally in the performance of t	conducted the work		
8. Certification: I hereby certify as a State of Minneso	ota certified SSTS Mai	ntainer that I personally in the performance of t	conducted the work		

Pd

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

Date of Maintenance 8217 Reason for	Maintenance:	Sim			
Property Address: 19570 NORH	Forest Prope	erty Owner's Name:	val & Dave Elfstrone		
Municipality:	· · · · · · · · · · · · · · · · · · ·		Code/Property I.D. #: 07349g 7508		
What was done to the system?	the system? Tank Measurements (must be completed if tanks NOT pumped)				
Tank(s) Pumped					
Sludge and scum measured.	Liquid Level of Tan	k in. Sludge	Level in. Scum Level in.		
Do tanks need to be pumped? Yes No (If no provide measurements)	Total (Sludge + Scu	ım) / Liquid Le	evel = % Sludge & Scum		
	JL				
1. Access used to remove septage: Maintenan			 * Tank must be pumped if this value is greater than 25%. 		
2. If maintenance hole was used, were all covers se	curely replaced?	Tes No please exp	lain ,		
Explanation:					
3. If owner refuses to allow a Subsurface Sewage them complete and sign the following statem	Treatment Systement:	(SSTS) to be pumped t	through the maintenance hole, have		
I, (owne	er's name) refuse to a	llow the removal of colin	ds and liquids through the maintenance		
hole. I understand that removal of solids and liqu	uids through other ac	cess points is not consid	dered maintenance		
4. Is the tank designed as a leaky tank? example: see	page pit, cesspool, dry	well, leachina pit	reted maintenance.		
Tank#1 Yes No Verificatio Method Use		37			
Tank#2 Yes No Verificatio Method Use					
Is there evidence of tank leakage from a septic damaged, cracked, or structurally unsound ma	, holding, pretreatn	nent or pump tank belo	ow the operating depth or evidence of		
1	Leaking Out				
Septic/Holding Tank #1	Yes KNo	Leaking In	Cover Damage		
Septic/Holding Tank #2	Yes \(\text{No} \)	Yes No	Yes No		
Pretreatment Tank	Yes No	Yes No	Yes No		
	Yes No	「Yes 「No	Yes No		
6. How many gallons of septage were removed?	103) 100	Yes No	T Yes No		
Tank #1 Tank #2	Pretreatment Tank	Pur	mp Tank		
7. Other information: List any troubleshooting, m	inor repairs conduc	ted, tank safety concer	ns, or other concerns.		
8 Certification: Thereby cortificate a State of Minne	-t 1'C 1 CCTC 14				
8. Certification: I hereby certify as a State of Minnes and made the observations, or dire	ctly supervised other	intainer that I personally s in the performance of t	y conducted the work this job.		
Maintainer's Name: Olson's Sewer Servi		Address: 17638 L	Your Street NE + Lake, MW S5025		
Maintainer's License #: Maintainer's	Phone #: LSL-4	L4-2082	+ Lake, MV 55028		
Maintainer's Signature + Name:		Date: 8	2-17		

Pal

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

Date of Maintenance 82-17 Reason f	or Maintenance:	Maintenance Pum	wing	
Property Address: 16/75 209th 5		(vary 941 Kopesky	
Municipality: Forest Loly			Code/Property I.D. #: K 8433 h 750	
What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)			
Tank(s) Pumped			panipea)	
Sludge and scum measured.	Liquid Level of T	ank in. Sludge	e Level in. Scum Level in.	
Do tanks need to be pumped?	Total (Sludge + 6			
Yes No (If no provide measurement.			evel = % Sludge & Scum	
1. Access used to remove septage: Maintena			* 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 exp	plain ,	
Explanation:				
3. If owner refuses to allow a Subsurface Sewa them complete and sign the following state:	ge Treatment Syste ment:	m (SSTS) to be pumped	through the maintenance hole, have	
l, (ow	ner's name), refuse to	allow the removal of sol	ids and liquids through the maintenance	
hole. I understand that removal of solids and li	quids through other	access points is not consi	dered maintenance	
4. Is the tank designed as a leaky tank? example: so			derea maintenance.	
Tank#1 Yes No Verificatio Method U				
Tank#2 Yes No Verificatio Method U	sed:			
Is there evidence of tank leakage from a sept damaged, cracked, or structurally unsound n	tic, holding, pretrea	tment or pump tank bel	ow the operating depth or evidence of	
Tank	Leaking Out	Leaking In	Cover Damage	
Septic/Holding Tank #1	Yes No	T Yes TENO	T Yes TONO	
Septic/Holding Tank #2	√Yes No	Yes TKNo	Yes Who	
Pretreatment Tank	☐ Yes ☐ No	□ Yes □ No	Tyes TNo	
Pump Tank	Yes No	☐ Yes ☐ No		
6. How many gallons of septage were removed?			1 103 100	
Tank#1 1300 Tank#2 1100		nk Pu	Imp Tank 370	
7. Other information: List any troubleshooting,				
•	•	and the same said ty conte	ms, or other concerns.	
8. Certification: I hereby certify as a State of Minn and made the observations, or di	esota certified SSTS I rectly supervised oth	Maintainer that I personal ers in the performance of	ly conducted the work	
Maintainer's Name: Olson's Sewer Sen Maintainer's License #: 216 Maintainer Maintainer's Signature	s Phone #: LSL-	464-2082	+ Lake, MV SSO28	
Maintainer's Signature		Date: (/	2-17	
+ 1)000000			h / /	

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

Reas	on for Maintenance:			
Property Address: 12590 May	berry TRN Pro	operty Owner's Name:	bend Compobass	0
Municipality: Scandia			Code/Property T.D. #: U154	
What was done to the system?	Tank N	leasurements (must be	completed if tanks NOT pum	ped)
Tank(s) Pumped		The state of the s	The state of the s	F/
Sludge and scum measured.	Liquid Level of T	ank in. Sludg	e Level in. Scum Leve	l in.
Do tanks need to be pumped?	Total (Sludge + 5	S		
Yes No (If no provide measurem	ients)	Scum) / Liquid L	evel = % Sludge & S	cum
1. Access used to remove septage: Main			* Tank must be pumped is greater than 25%.	if this value
2. If maintenance hole was used, were all cov	ers securely replaced?	Yes No please ex	plain	
Explanation:				
3. If owner refuses to allow a Subsurface So them complete and sign the following st	ewage Treatment Systematement:	em (SSTS) to be pumped	through the maintenance h	ole, have
l,	(owner's name), refuse t	o allow the removal of so	lids and liquids through the ma	aintenance
hole. I understand that removal of solids ar	nd liquids through other	access points is not cons	idered maintenance.	
4. Is the tank designed as a leaky tank? examp	le: seepage pit, cesspool,	drywell, leaching pit		
Tank#1 Yes Verificatio Metho	od Used:			
Tank#2 Yes No Verificatio Metho	od Used:			
5. Is there evidence of tank leakage from a s damaged, cracked, or structurally unsour	septic, holding, pretrea	atment or pump tank be	low the operating depth or e	evidence of
Tank	Leaking Out	Leaking In	Cover Damage	
Septic/Holding Tank #1	Yes No	Yes PNo		
Septic/Holding Tank #2	T Yes To No	T Yes No	Yes No	
Pretreatment Tank	☐ Yes ☐ No	TYes TNo	Yes No	
Pump Tank	☐ Yes ☐ No		Yes No	
6. How many gallons of septage were remov		☐ Yes ☐ No	T Yes No	
Tank #1 1507 Tank #2 1507	Pretreatment Ta	nk Pi	ump Tank	
7. Other information: List any troubleshooting				
8. Certification: I hereby certify as a State of <i>N</i> and made the observations, or	or directly supervised oth	ners in the performance o	f this job.	
Maintainer's Name: Olsons Sewer S	ence Maintaine	er's Address: 17638	Lyons Street W	E
Maintainer's Name: Olson's Sewer S Maintainer's License #: 216 Maintai Maintainer's Signature	ner's Phone #: LSL-	464-2082	ST Lake, M SSO	28
Maintainer's Signature Hamp		Date: ()	2-17	