#### 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 60073 7562

1 ( 1	on for Maintenance:		-/ ~/			
Property Address: 13381 - 177 12 5	ptreet Prop	erty Owner's Name:	This Thomps	づれ		
Municipality: Mak the	State Zip Coo	le 55047 GEO C	ode/Property I.D. #:			
What was done to the system?	Tank Me	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 measurem	Liquid Level of Ta		-	in. um*		
1. Access used to remove septage: Main	tenance Hole   Other	(Go to #3 below)	* Tank must be pumped it	f this value		
2. If maintenance hole was used, were all cov	ers securely replaced?   4	Yes □ No please ext	is greater than 25%.			
Explanation:		os premo emp		*		
3. If owner refuses to allow a Subsurface So them complete and sign the following st	ewage Treatment Systematement:	m (SSTS) to be pumped	through the maintenance ho	le, have		
l,	(owner's name), refuse to	allow the removal of sol	ids and liquids through the ma	intenance		
hole. I understand that removal of solids a				intenance		
4. Is the tank designed as a leaky tank? examp						
Tank#1 ☐ Yes (反 No Verificatio Metho	nd Used:					
`)						
Tank#2 Yes No. Verificatio Metho						
<ol><li>Is there evidence of tank leakage from a damaged, cracked, or structurally unsou</li></ol>	septic, holding, pretrea nd maintenance hole co	tment or pump tank be	low the operating depth or e	vidence of		
Tank	Leaking Out	Leaking In	Cover Damage			
Septic/Holding Tank #1	☐ Yes ☑No	☐ Yes ☒ No	Yes No			
Septic/Holding Tank #2	T Yes KNo	☐ Yes ☐ No	☐ Yes ☐No			
Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	TYes TNo			
Pump Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
6. How many gallons of septage were remo	ved?					
Tank#1 /VII Tank#2 /VI	∼ / Pretreatment Ta	nk P	umn Tank			
			ump Tank			
7. Other information: List any troubleshoot	ing, minor repairs cond	ucted, tank safety conc	erns, or other concerns.			
8. Certification: I hereby certify as a State of and made the observations,	or directly supervised oth	ers in the performance o	of this job.			
Maintainer's Name: Asons sewer	iviaintaine	is Address: 7601	yours 3/ la for	rest Late		
Maintainer's License #: Maint	ainer's Phone #: 45/-	464-2082				
Maintainer's Signature	2	Date: 9	7-17			

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#### SSTS MAINTENANCE REPORT r8430 v750]

Date of Maintenance 4/-/7 Reason for	Maintenance:					
Property Address: 5208 - 165 12 5	Freet Property (	Owner's Name:(	-x Johnson			
Municipality: Hazu St	ate Zip Code 5		/ e/Property I.D. #: 			
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. Sludge Lev	*			
1. Access used to remove septage:	ce 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 se	curely replaced? \ \ Yes	No please explain	year Out services on section of months readily and			
Explanation:						
3. If owner refuses to allow a Subsurface Sewage them complete and sign the following statement.	ent: 4	deep	•			
(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: see	_		ed maintenance.			
Tank#1 Yes No Verificatio Method Use		, , , , , , , , , , , , , , , , , , , ,				
Talik#1   Tes   No Verilicatio Metriod Ose	eu.					
Tank#2 Yes No Verificatio Method Use	ed:					
5. Is there evidence of tank leakage from a seption damaged, cracked, or structurally unsound ma			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 「	Yes No	Yes No	☐ Yes ☐ No			
6. How many gallons of septage were removed?						
Tank #1 700 Tank #2 Pretreatment Tank Pump Tank						
7. Other information: List any troubleshooting, n	ninor repairs conducted	l, tank safety concern	s, or other concerns.			
8. Certification: I hereby certify as a State of Minne and made the observations, or dir	actly supervised others in	the performance of the	nis ioh			
Maintainer's Name: Ask Sewer Maintainer's Address: 1738 Lyon STIE Fares Like  Maintainer's License #: Maintainer's Phone #: 651-464-2082						
Maintainer's License #: Maintainer's	s Phone #: 65/-46	4-2082				
Maintainer's Signature		Date:	1-1-			

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### SSTS MAINTENANCE REPORT = 4358; 7503

Date of Maintenance Q-1-1 Reason for Maintenance:						
Property Address: 20860 Juno Court D Property Owner's Name: Jim Johnson						
Municipality: Forest Lake State MZip Code 55025 GEO Code/Property I.D. #:						
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?  Yes ☐ No (If no provide measurements)	Liquid Level of Ta		*			
1. Access used to remove septage: Maintenan	ce 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 them complete and sign the following statements		m (SSTS) to be pumped thr	ough the maintenance hole, have			
I,(owne	er'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: see	page pit, cesspool, a	lrywell, 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 ma	Leaking Out	Leaking In	Cover Damage			
Septic/Holding Tank #1	Yes Ao	Yes Two				
Septic/Holding Tank #2			Yes No			
	Yes 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?						
Tank #1 /2 0 4 Tank #2	Pretreatment Ta	nk Pum	p Tank			
7. Other information: List any troubleshooting, n		ucted, tank safety concern	s, or other concerns.			
8. Certification: I hereby certify as a State of Minne and made the observations, or dire	ectly supervised oth	ners in the performance of th	nis job.			
Maintainer's Name: Asintainer's Address: 763824005 ST ME Porost Lake						
Maintainer's Fitone #. () 4-2/29-308						
Maintainer's Signature Date: 8-1-17						