

Jim Eicher



Septic Service, LLC
1205 LaBeaux Ave NE
St. Michael, MN 55376

Maintenance Inspection Form

MPCA Lic. #L4286

Maintainer

☐ Jim
☒ Nick

• Phone: 763-497-2764

• Email: duaneseptic@centurylink.net

DATE 12-1-23

INVOICE

Pumping Fee: \$462.50	Name: Kelly, Leischo
Long Pull Fee: \$100.00 + 250'	Address: 2995 Deer Run Tr.
Other Repairs:	City/State/Zip: Orono
Total Cost of Service: \$562.50	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> Septic/holding Tank #1 Gallons: 1250	<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
<input checked="" type="checkbox"/> Septic/holding Tank #2 Gallons: 1250	<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
<input type="checkbox"/> Pretreatment Tank Gallons:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Pump Tank Gallons: 1250	<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

How Accessed: <input checked="" type="checkbox"/> Maintenance Hole <input type="checkbox"/> Other (see attached)	Scum/Sludge Measured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance Holes Securely Replaced: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Pumping: main t
---	---	---	-------------------------------

Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system, i.e., cracked tanks, missing baffles, broken covers, etc.? If so, explain in comments below.

Tank #1	Tank #2	Pump Tank	System
<input type="checkbox"/> Structural integrity <input type="checkbox"/> Risers leaking <input type="checkbox"/> Baffles <input type="checkbox"/> Non-domestic waste	<input type="checkbox"/> Structural integrity <input type="checkbox"/> Risers leaking <input type="checkbox"/> Baffles <input type="checkbox"/> Non-domestic waste	<input type="checkbox"/> Structural integrity <input type="checkbox"/> Risers leaking <input type="checkbox"/> Baffles <input type="checkbox"/> Electrical issues <input type="checkbox"/> Non-domestic waste <input type="checkbox"/> Effluent Filter/screen Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mound <input type="checkbox"/> Elevated drainfield <input type="checkbox"/> Pressure bed <input type="checkbox"/> Trenches <input type="checkbox"/> Ponding/Surfacing <input type="checkbox"/> Other:

Comments:

Disposal: ☒ Land Application: ☐ Wastewater Treatment Plant

Disposal Site: 8	Lime: /	Gallons: 2400	Plowed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Time: 315	Temperature: 10.7	pH: 12.5 > 12 <input checked="" type="checkbox"/>	
Time: 351	Temperature: 10.6	pH: 12.5 > 12 <input checked="" type="checkbox"/>	

