

Ende Septic Service, LLC, MPCA Lic #L2654

24910 Territorial Road • Rogers, MN 55374

Phone: 763-428-4489

email: info@endeseptic.com**Maintenance Inspection Form**☐ Tristan ☐ Brandon ☐ Scott ☐ Dylan ☒ Seth☐ Maintenance ☐ Emergency ☐ Other _____Disposal location: ☐ Land ap ☒ Treatment plant

Date: 9-7-23	Invoice
Name: Nick Eugster	Description:
Address: 2850 wear cir	Total Cost of Service: 465.00
City/State/Zip: Orono MN 55356	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 sound
<input checked="" type="checkbox"/> Septic/holding Tank #1 Gallons:	<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:	<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"/> Pretreatment Tank Gallons:	<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"/> Pump Tank Gallons:	<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

Did you measure the accumulation of scum and sludge? ☒ Yes ☐ NoAccess point: ☐ Cover/maintenance hole; if so, were covers secured in place? ☒ Yes ☐ NoAccess point: ☐ Inspection pipe; if through pipe, did homeowner sign off? ☒ Yes ☐ No

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tank #2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pump Tank <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 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: Great condition
