Property address: 1185 Wyndmere Rd Parcel ID: _____

City: Wayzata State: Mn Zip code: 55391

5. Is the tank designed as a leaky tank? *(Example: seepage pit, cesspool, drywell, leaching pit)*

Tank #1: ☐ Yes ☒ No Verification method used: _____

Tank #2: ☐ Yes ☒ No Verification method used: _____

6. Is there evidence of the following?

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
☒ 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
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

Tank #1: 1250 Tank #2: _____ Pretreatment Tank: _____ Pump Tank: 300

8. Where was the septage taken? ☒ Wastewater treatment facility ☐ Land application ☐ Other

Explanation (Facility name/Site #): Blue Lake

9. Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

☐ Yes ☒ No If yes, identify tank and explain:

☐ Evidence of non-domestic waste ☐ Baffle(s) condition ☐ Effluent screen condition

☐ Maintenance hole and extensions condition ☐ Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation: _____

10. List any troubleshooting and minor repairs completed or declined by owner:

☐ Troubleshooting and repairs conducted:	☐ Repairs declined by owner:

Additional comments or suggestions for owner's consideration:

Pumping record

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

☒ As a noncertified individual who has received proper training, daily work review, and periodic observation, or

☐ As a designated certified individual of the business listed below.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Company information

Company name: Mike's Septic & McKinley Sewer

Business license number: L 1665 & L2899

Email: _____

Employee's signature: Cody McKinley

Employee information

Print name: Cody McKinley

Certification number: (if applicable): _____

Phone number: 952-440-1800

Date (mm/dd/yyyy): 9/9/2023

1380

MINNESOTA POLLUTION CONTROL AGENCY

520 Lafayette Road North
St. Paul, MN 55155-4194

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form *may* be used to certify the compliance status of the sewage tank components of the SSTS. **This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.**

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.
b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.
c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mm/dd/yyyy): 9/9/2023 **Reason for maintenance:** Routine

Property address: 1185 Wyndmere Rd Parcel ID:

City: Wayzata State: Mn Zip code: 55391

Property owner's name: Andrea Vogel

Property-owner's address (*if different*):

City: State: Zip code:

Phone number: Email address:

1. **Did you measure the accumulation of scum and sludge?** ☒ Yes ☐ No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
☒ Septic/holding tank #1	0	6		
☐ Septic/holding tank #2				
☐ Pretreatment tank				
☒ Pump tank	0	0		

2. **Access used to remove septage:** ☒ Maintenance hole ☐ Other (Unless a holding tank, go to #4 below)

3. **If the maintenance hole was used, were all covers secured in place?** ☒ Yes ☐ No If no, *please explain below:*

Actual Size~ Tank#1 1250 Tank #2 Tank #3/Pump Tank 1000

4. **If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.**

I, _____ , refuse to allow the removal of the solids and liquids through the maintenance
(Print owner's name)
hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Owner's signature: _____ Date (mm/dd/yyyy): _____