City of Dellwood
111 Wildwood Road, Willernie, MN 55090
Office: 651-429-1356 FAX: 651-429-1356
E-Mail: cityhall@dellwood.us

Permit Fee: 30.00

SSTS MAINTENANCE REPORT

Date of Maintenance _____ Reason for Maintenance: _____

Property Address: _____ Property Owner's Name: _____

Municipality: _____ State ____ Zip Code _____ GEO Code/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 ____ in. Sludge Level ____ in. Scum Level ____ in. Total (Sludge + Scum) ____ / Liquid Level ____ = % Sludge & Scum ____ *

1. Access used to remove septage: ☐ Maintenance 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 ☐ No ***please explain***

Explanation: _____

3. If 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, _____ (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: seepage pit, cesspool, drywell, 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 maintenance hole covers?

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 _____ Tank #2 _____ Pretreatment Tank _____ Pump Tank _____

7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

_____

8. Certification: I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintainer's Name: _____ Maintainer's Address: _____

Maintainer's License #: _____ Maintainer's Phone #: _____

Maintainer's Signature _____ Date: _____