



City of North Oaks: Septic Tank Maintenance Report

Return form & payment within 10 Days of service to:

City of North Oaks
100 Village Center Drive, Suite 230
North Oaks, MN 55127

\$17 Fee per report

Ck# _____ Rcpt# _____
Date Received _____

(Updated 1/7/15)

Date of maintenance: _____ Reason for maintenance: _____

Property address: _____ City: _____ State: _____ Zip: _____

Property owner's name: _____

Property-owner's address if different: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

- 1. Access used to remove septage: Maintenance hole Other (Go to #3 below)
- 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 the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

Owner's signature: _____ Date: _____

4. 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? _____

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic/holding Tank #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How many gallons of septage were removed?

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

7. Is there any sensory (smell and/or sight) evidence of non-domestic wastes?

Yes Please explain: _____

No Disposal site Wastewater treatment plant Land application Other *please explain*

Explanation: _____

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 and address: _____

Maintainer's license #: _____ Maintainer's phone: _____

Maintainer's signature: _____ Date: _____