



Sewage Tank Maintenance Reporting Form

Subsurface Sewage Treatment Systems (SSTS) Program

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 is a sewage tank maintenance reporting form to document maintenance performed and limited tank integrity assessment. It is not a MPCA compliance inspection report form used for system compliance and enforcement.**

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. A copy of this information must be submitted to the City of Dayton within 30 days of the maintenance date. Completed forms can be dropped off at Dayton City Hall at 12260 S. Diamond Lake Rd, Dayton, Mn, 55327. An electronic copy can also be emailed to permits@cityofdaytonmn.com

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): _____ **Reason for maintenance:** _____

Property address: _____ Parcel ID: _____

City: Dayton State: Mn Zip code: _____

Property owner's name: _____

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
<input type="checkbox"/> Septic/holding tank #1				
<input type="checkbox"/> Septic/holding tank #2				
<input type="checkbox"/> Pretreatment tank				
<input type="checkbox"/> Pump tank				

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:

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 hole. I
(Print owner's name)

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): _____

Property address: _____ Parcel ID: _____

City: _____ State: _____ Zip code: _____

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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
Describe detail for any "Yes"			

7. How many gallons of septage were removed?

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

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

Explanation (Facility name/Site #): _____

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 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:

<input type="checkbox"/> Troubleshooting and conducted:	<input type="checkbox"/> 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: _____
Business license number: _____
Email: _____
Employee's Signature: _____
Property address: _____
City: _____ State: _____

Employee information

Print name: _____
Certification number: (if applicable): _____
Phone Number: _____
Date: _____
Parcel ID: _____
Zip code: _____