



# Septic Tank Maintenance Reporting Form

Subsurface Sewage  
Treatment Systems (SSTS) Program

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**Purpose:** This form is offered to meet the reporting requirements of Minn. R. 7080.2450, subp. 2 and Minn. R. 7083.0770, subp. 2. The use of this form is not mandatory; however, the information on this form must be submitted to the homeowner within 30 days after the maintenance work is performed, and to the local government unit as required.

A copy of this information must be maintained by the Subsurface Septic Tank System (SSTS) business for a period of five (5) years from the maintenance date.

## General Information

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**For systems installed under ordinances developed before February 4, 2008 (old Minn. R. 7080.0130), the maintenance hole covers:**

1. Must be covered by a minimum of 12 inches of soil or be adequately secured.
2. Are not required to be brought up to ground surface. Covers can remain deep once the septic tank has been pumped.
3. Are recommended, but not required, to be brought slightly above the ground surface.  
If brought up to ground surface, the cover must be secured in accordance with the new rule (See Part B).
4. Currently at ground surface are recommended, but not required, to be secured in accordance with the new rule (Part B), or at a minimum, secured to the satisfaction of the SSTS licensee and local government unit *if local regulations exist*.

**For systems designed under ordinances adopted after February 4, 2008, the maintenance hole covers:**

1. Must be brought to ground surface or slightly above.
2. Must be re-secured in accordance with the new requirements.
  - a) Cover must be locked, bolted or screwed or must be 95 pounds in weight.
  - b) Cover cannot be susceptible to being slid or flipped.
  - c) Cover must have a warning label.

## Reporting Information

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**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, \_\_\_\_\_, refuse to allow the removal of the solids and liquids through the maintenance  
(Owner's name)

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  No Please explain: \_\_\_\_\_

**Disposal site:**  Wastewater treatment plant  Land application  Other (*please explain below*)

Explanation: \_\_\_\_\_

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: \_\_\_\_\_