

# Individual Sewage Treatment System Maintenance Review



City of St Paul  
**Department of Safety and Inspections**  
 375 Jackson Street, Suite 220  
 Saint Paul, MN 55101-1806  
 P: (651) 266-8989

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Date: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_ Current Resident: \_\_\_\_\_

Date tank was last pumped: \_\_\_\_\_ Circle if repairs or alterations have been made since the last inspection -- **YES** **NO**  
 Please include \$20.00 maintenance fee, and deliver entire packet to DSI

## System Condition: Report must be completed by a Pumper or Inspector licensed by the State of Minnesota

- |   |            |           |
|---|------------|-----------|
| 1. System appears to be operating correctly   | <b>YES</b> | <b>NO</b> |
| -Dry surface above septic system  | <b>YES</b> | <b>NO</b> |
| -Solids accumulation is <b>not</b> at a critical level  | <b>YES</b> | <b>NO</b> |
| -Scum layer in tank is <b>not</b> at a critical level   | <b>YES</b> | <b>NO</b> |
| -Pump Stations, distribution devices or drop boxes operating properly and no accumulation of solids             | <b>YES</b> | <b>NO</b> |
| 2. System <b>DOES NOT</b> appear to be operating correctly  | <b>YES</b> | <b>NO</b> |
| -Saturated surface above septic system and/or septage discharge onto surface                                    | <b>YES</b> | <b>NO</b> |
| - Solids accumulation <b>IS</b> at a critical level   | <b>YES</b> | <b>NO</b> |
| -Scum layer in tank <b>IS</b> at a critical level   | <b>YES</b> | <b>NO</b> |
| -Pump Stations, distribution devices or drop boxes <b>ARE NOT</b> operating properly and accumulation of solids | <b>YES</b> | <b>NO</b> |
| -Sewer is backing up into building  | <b>YES</b> | <b>NO</b> |
| - Any additional evidence of failure list in comments   |            |           |

## Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Additional Comments use other side

**All SSTS work has been completed in Accordance with State and City of St Paul Ordinances**

Licensed Inspector/Pumper \_\_\_\_\_ License # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_