

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

System Location

Address 11937 July Ave N.	Telephone Number く12~309~ 火ジ
City Grant State	e ZIP 5ろろと? Property ID No./GEO Code
Owner David Thorages Pum	ping Date 8-2-17
Contractor	
Maintainer North Sicle Septie Service MPC	A License No. 930 Telephone Number 743-444-7898
What was done to the system?	Report Liquid Capacity in Gallons
☑ Tank(s) Pumped	Tank 1: 1500 X Pumped Tank 2: 1000 X Pumped
Sludge and scum measured.	Tank 3: 1000 X Pumped Tank 4: Pumped
Do tanks need to be pumped?	Total Gallons Pumped: 2700
Yes No (If no provide measurements below)	
Visual Inspection (note any problems with the syste	m): NOTE: This does not serve as a compliance inspection.
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	PUBLIC HEALTH
*Tank Measurements-Use Only If Tank(s) Were NOT Pumped	
Liquid Level of Tank (Distance from invert of outlet pipe to bottom of tank) 43 in. 1st Septic - 1500	
Sludge Level 9 in. + Scum Level 1 in. = Total Sludge and Scum Level 10	
Total Sludge and Scum Level /O / Liquid Le	evel 43 = Percent Sludge and Scum in Tank 23 %
Scum Layer Effluent Sludge Layer	*Tanks must be pumped if either of the following conditions exist: 1. The top of the sludge layer is less than 12 inches from the bottom of the outlet baffle; or 2. Total sludge and scum volume is greater than 25 percent of the tank's liquid capacity.
Signature Mill	Date Reset Form
Signature / /	