

SSTS MAINTENANCE REPORT

System Location			
Address 9190 180th st n	Telephone Number	(651) 353-1387	
City Forest Lake	State mn	ZIP 55085	Property ID No./GEO Code
Owner wayne bushway	Pumping Date Oct 9, 2017		
Contractor			
Maintainer Row Sewer Service	MPCA License No. L3309	Telephone Number (651) 465-5505	

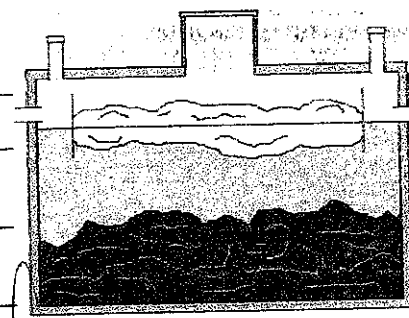
What was done to the system?
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements below)

Report Liquid Capacity in Gallons
Tank 1: 1,000 <input checked="" type="checkbox"/> Pumped Tank 2: _____ <input type="checkbox"/> Pumped Tank 3: _____ <input type="checkbox"/> Pumped Tank 4: _____ <input type="checkbox"/> Pumped Total Gallons Pumped: 1,000

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

*Tank Measurements-Use Only If Tank(s) Were NOT Pumped			
Tank Length _____ in.	<input checked="" type="checkbox"/> Tank Width _____ in.	<input checked="" type="checkbox"/> Tank Depth _____ in.	= Tank Volume (cubic inches) _____
Tank Radius _____ in.	<input checked="" type="checkbox"/> Tank Radius _____ in.	<input checked="" type="checkbox"/> 3.14	= Tank Volume (cubic inches) _____
Tank Volume (cu. in.) _____	/ 231.01 = Liquid Capacity _____	Gallons / Tank Depth _____ in.	= Gallons/Inch _____
Sludge Level _____ in.	<input checked="" type="checkbox"/> Gallons Per Inch _____	= Sludge Volume _____	Gallons
Scum Level _____ in.	<input checked="" type="checkbox"/> Gallons Per Inch _____	= Scum Volume _____	Gallons
Sludge Volume _____	+ Scum Volume _____	= Total Sludge and Scum Volume _____	Gallons
Total Sludge and Scum Volume _____	/ Liquid Capacity _____	= Percent Sludge and Scum in Tank _____	%



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.

Tank Depth measured from invert of outlet pipe to bottom of tank

Signature

Date Oct 9, 2017

Reset Form

SSTS MAINTENANCE REPORT

System Location

Address 8800 180th st n Telephone Number (651) 247-7030

City Forest Lake State mn ZIP 55025 Property ID No./GEO Code

Owner paul ahmann Pumping Date Oct 9, 2017

Contractor

Maintainer Row Sewer Service MPCA License No. L3309 Telephone Number (651) 465-5505

What was done to the system?

- Tank(s) Pumped
 - Sludge and scum measured.
- Do tanks need to be pumped?
- Yes No (if no provide measurements below)

Report Liquid Capacity in Gallons

Tank 1: 1,000 Pumped Tank 2: Pumped

Tank 3: Pumped Tank 4: Pumped

Total Gallons Pumped: 1,000

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

***Tank Measurements Use Only If Tank(s) Were NOT Pumped**

Tank Length _____ in. Tank Width _____ in. Tank Depth _____ in. = Tank Volume (cubic inches) _____

Tank Radius _____ in. Tank Radius _____ in. 3.14 = Tank Volume (cubic inches) _____

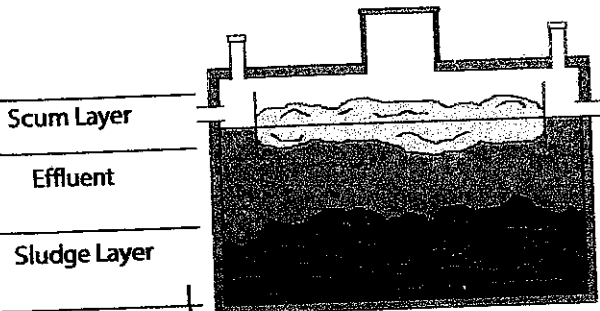
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

Sludge Level _____ in. Gallons Per Inch _____ = Sludge Volume _____ Gallons

Scum Level _____ in. Gallons Per Inch _____ = Scum Volume _____ Gallons

Sludge Volume _____ + Scum Volume _____ = Total Sludge and Scum Volume _____ Gallons

Total Sludge and Scum Volume _____ / Liquid Capacity _____ = Percent Sludge and Scum in Tank _____ %



*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.

Tank Depth measured from invert of outlet pipe to bottom of tank

Signature _____

Date _____

Oct 9, 2017

Reset Form