



SSTS MAINTENANCE REPORT

Address <u>14120 Square Lake Trail</u> Telephone Number <u>612-327-1555</u>		
City <u>Stillwater</u> State <u>MN</u> ZIP <u>55082</u>	Property ID No./GEO Code	
Owner <u>Bill Mann</u>	Pumping Date <u>2-16-16</u>	
Maintainer <u>B/Sons Sewer Service</u>	MPCA License No. <u>216</u>	Telephone Number <u>651-464-2082</u>

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: 1300 Pumped Tank 2: _____ Pumped
 Tank 3: _____ Pumped Tank 4: _____ Pumped
 Total Gallons Pumped: 1,497

Visual Inspection (note any problems with the system): **NOTE: This does not serve as a compliance inspection.**

Pumped 1st tank in Barn System only

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 _____	%

*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 [Signature] Date 2-16-16