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## SSTS MAINTENANCE REPORT

PUBLIC HEALTH

System Location		
Address <u>9180 202nd St W</u>	Telephone Number <u>651 261 0831</u>	
City <u>Forest Lake</u>	State <u>MN</u> ZIP <u>55025</u>	Property ID No./GEO Code
Owner <u>Scott Anderst</u>	Pumping Date <u>10/24/18</u>	
Contractor		
Maintainer <u>DT Septic Services</u>	MPCA License No. <u>#3663</u>	Telephone Number <u>(763) 286-1815</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: 1500  Pumped Tank 2: 1000  Pumped

Tank 3: \_\_\_\_\_  Pumped Tank 4: \_\_\_\_\_  Pumped

Total Gallons Pumped: 1500

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

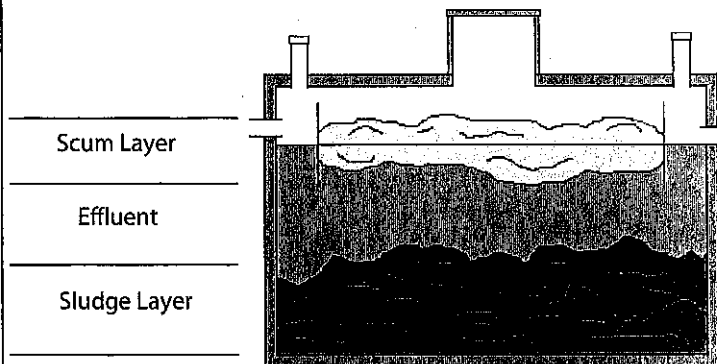
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**\*Tank Measurements-Use Only If Tank(s) Were NOT Pumped**

Liquid Level of Tank (Distance from invert of outlet pipe to bottom of tank) \_\_\_\_\_ in.

Sludge Level \_\_\_\_\_ in. + Scum Level \_\_\_\_\_ in. = Total Sludge and Scum Level \_\_\_\_\_

Total Sludge and Scum Level \_\_\_\_\_ / Liquid Level \_\_\_\_\_ = Percent Sludge and Scum in Tank \_\_\_\_\_ %



Liquid Level measured from invert of outlet pipe to bottom of 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reset Form

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*W-COUNTY*  
*ENTER*