

g7880m1711

SSTS MAINTENANCE REPORT

System Location			
Address	11820 Irish Ave. N.		Telephone Number
City	Grant	State ZIP	Property ID No./GEO Code
Owner	Lee Erickson	Pumping Date	10/6/15
Contractor			
Maintainer	Boss Pumping	MPCA License No.	1945 Telephone Number (651) 466-0800

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:	1500	<input checked="" type="checkbox"/> Pumped	Tank 2: 1500 <input checked="" type="checkbox"/> Pumped
Tank 3:		<input type="checkbox"/> Pumped	Tank 4: <input type="checkbox"/> Pumped
Total Gallons Pumped:	3000		

Visual Inspection (note any problems with the system):

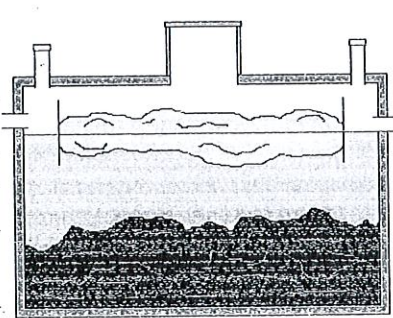
NOTE: This does not serve as a compliance inspection.

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PUBLIC HEALTH

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

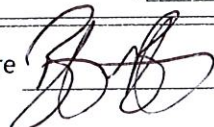
Sludge Layer

*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

10-6-15

Reset Form