



## SSTS MAINTENANCE REPORT

System Location		
Address	20639 Keewahwin Ave N	Telephone Number 210-473-6372
City	Forest Lake	State MN ZIP 55025 Property ID No./GEO Code
Owner	Josephine Lichey	Pumping Date 10-1-15
Contractor		
Maintainer	Olsons Sewer Service	MPCA License No. 216 Telephone Number 464-2082

**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: 1280  Pumped Tank 2: 1000  Pumped

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

Total Gallons Pumped: 2369

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Both septic and lift station very overfull when driven, lift was bleeding out onto ground, pump needs replacement.

**\*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 \_\_\_\_\_ %

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 [Signature]

Date 10-1-15

Reset Form