

SSTS MAINTENANCE REPORT

System Location		
Address <u>7613 Lamar Ave. S</u>	Telephone Number	
City <u>Cottage Grove</u>	State <u>MN</u> ZIP <u>55016</u>	Property ID No./GEO Code
Owner <u>Daniel Jaworski</u>	Pumping Date <u>7/13/15</u>	
Contractor		
Maintainer <u>MEYER SEWER</u>	MPCA License No. <u>915</u>	Telephone Number <u>651-459-0162</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: 1200 Pumped Tank 2: _____ Pumped

Tank 3: _____ Pumped Tank 4: _____ Pumped

Total Gallons Pumped: 1200

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Visual Inspection area (empty for notes)

***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) _____

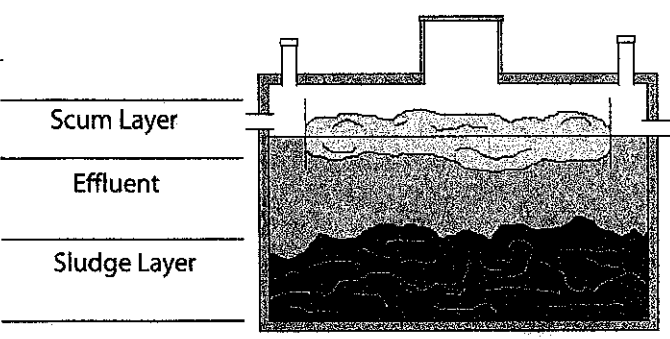
Tank Volume (cu. in.) _____ / **231.01** = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 [Signature]

Date 7/13/15

Reset Form