

SSTS MAINTENANCE REPORT

Address <u>23940 Hawthorne Ave N</u>				Telephone Number	
City <u>Forest Lake</u>		State	ZIP	Property ID No./GEO Code	
Owner <u>John Kamph</u>		Pumping Date <u>7-28-15</u>			
Maintainer <u>Olsons Sewer</u>		MPCA License No.		Telephone Number <u>651-464-1082</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)

Reasons for not meeting conditions

Tank 1: Pumped Tank 2: Pumped

Tank 3: Pumped Tank 4: Pumped

Total Gallons Pumped: _____

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Pump L-ST Sewer pump repair

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

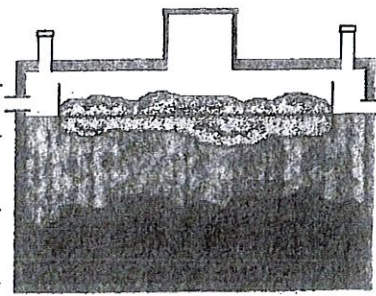
Sludge Volume _____ + Scum Volume _____ = Total Sludge and Scum Volume _____ Gallons

Total Sludge and Scum Volume _____ / Liquid Capacity _____ = Percent Sludge and Scum in Tank _____ %

Scum Layer

Effluent

Sludge Layer



Tank Depth 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 [Signature]

Date 7-28-15

Inspector _____