

SSTS MAINTENANCE REPORT

System Location	
Address <u>16277 Quality Trl N</u>	Telephone Number <u>651 433-1118</u>
City <u>Scanlon</u>	State <u>MN</u> ZIP <u>55073</u> Property ID No./GEO Code
Owner <u>Debra Pope</u>	Pumping Date <u>11-18-15</u>
Contractor	
Maintainer <u>Olson's General Service</u>	MPCA License No. <u>216</u> Telephone Number <u>464-2082</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: 1000 Pumped
 Tank 3: _____ Pumped Tank 4: _____ Pumped
 Total Gallons Pumped: 3104

NOTE: This does not serve as a compliance inspection.

Visual Inspection (note any problems with the system):

*lots debris in 1st tank
 Filter clogged when we arrived as tanks overflow*

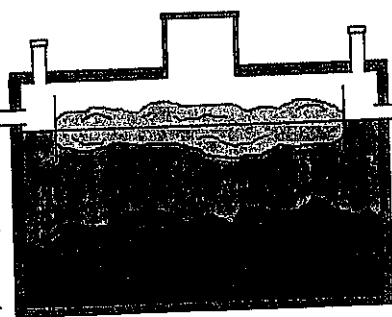
***Tank Measurements-Use Only if Tank(s) Were NOT Pumped**

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



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 11-18-15

Reset Form