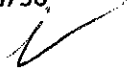


SSTS MAINTENANCE REPORT



System Location

Address 20030 Osbore Ave N Telephone Number 651-433-3521
 City Marine State MN ZIP 55047 Property ID No./GEO Code _____
 Owner David Steele Pumping Date 11-13-15
 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

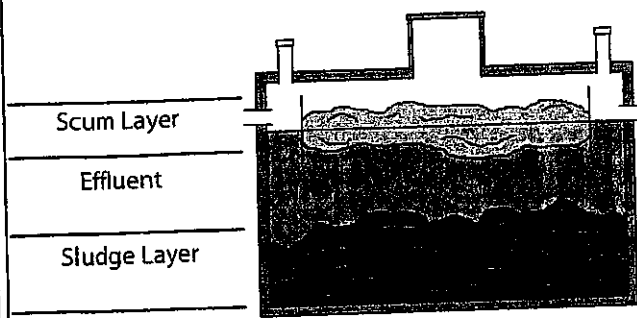
Tank 1: 1500 Pumped Tank 2: 1000 Pumped
 Tank 3: 1000 Pumped Tank 4: _____ Pumped
 Total Gallons Pumped: 2785

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

*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 _____

Date 11-13-15

Reset Form