

## SSTS MAINTENANCE REPORT

RECEIVED

MAY 31 2019

PUBLIC HEALTH

System Location		
Address <u>11751 @ 120<sup>th</sup> ST S</u>	Telephone Number	
City <u>HASTINGS</u>	State <u>MN</u> ZIP <u>55038</u>	Property ID No./GEO Code
Owner <u>MARU TESSIER</u>	Pumping Date <u>5-28-19</u>	
Contractor <u>ESP CAPM</u>		
Maintainer <u>ESP</u>	MPCA License No. <u>2894</u>	Telephone Number <u>651-437-1620</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: 100  Pumped Tank 2: 100  Pumped  
 Tank 3: \_\_\_\_\_  Pumped Tank 4: \_\_\_\_\_  Pumped  
 Total Gallons Pumped: 2000

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Visual Inspection area (empty box 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) \_\_\_\_\_

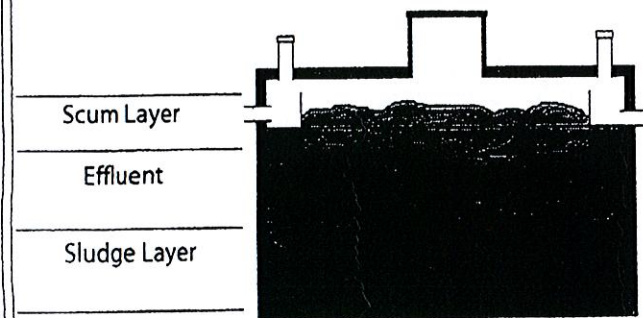
Tank Volume (cu. in.) \_\_\_\_\_ / **231.01** = Liquid Capacity \_\_\_\_\_ Gallons / Tank Depth \_\_\_\_\_ in. = Gallons/Inch \_\_\_\_\_

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 \_\_\_\_\_ %



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 5-29-19

