



## SSTS MAINTENANCE REPORT

System Location	
Address <u>7741 53rd St North</u>	Telephone Number _____
City <u>LAKE ELMO</u>	State <u>MN</u> ZIP <u>55042</u> Property ID No./GEO Code _____
Owner <u>Tommy Fremont</u>	Pumping Date <u>12-28-15</u>
Contractor	
Maintainer <u>Olson Saw</u>	MPCA License No. <u>2116</u> Telephone Number <u>651-461-2082</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: 1600  Pumped Tank 2: \_\_\_\_\_  Pumped

Tank 3: \_\_\_\_\_  Pumped Tank 4: \_\_\_\_\_  Pumped

Total Gallons Pumped: 1600

NOTE: This does not serve as a compliance inspection.

Visual Inspection (note any problems with the system):

Runback from drainfield/dist. box.

**\*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

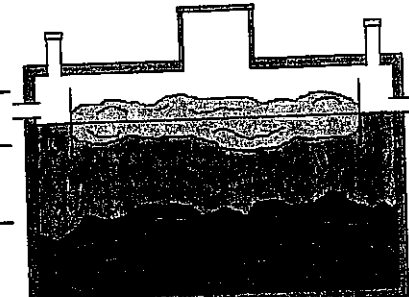
Sludge Volume \_\_\_\_\_ + Scum Volume \_\_\_\_\_ = Total Sludge and Scum Volume \_\_\_\_\_ Gallons

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 [Handwritten Signature]

Date 12-28-15

Reset Form