Washington County

SSTS MAINTENANCE REPORT

System Location

Address *8555 Lake Jane Trail N*   Telephone Number

City *Lake Elmo*   State *MN* ZIP *55042*   Property ID No./GEO Code

Owner *Richard Wecker*   Pumping Date *11/10/15*

Contractor

Maintainer *MEYER SEWER*   MPCA License No. *915*   Telephone Number *651-459-0162*

What was done to the system?	Report Liquid Capacity in Gallons
☑ Tank(s) Pumped *2*	Tank 1: *1250* ☑ Pumped Tank 2: *1250* ☑ Pumped
☐ Sludge and scum measured.	Tank 3: _____ ☐ Pumped Tank 4: _____ ☐ Pumped
Do tanks need to be pumped? ☐ Yes ☐ No (*If no provide measurements below*)	Total Gallons Pumped: *2500*

Visual Inspection (*note any problems with the system*):

NOTE: This does not serve as a compliance inspection

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

Tank Length _____ in. X Tank Width _____ in. X Tank Depth _____ in. = Tank Volume (cubic inches) _____

Tank Radius _____ in. X Tank Radius _____ in. X 3.14 = Tank Volume (cubic inches) _____
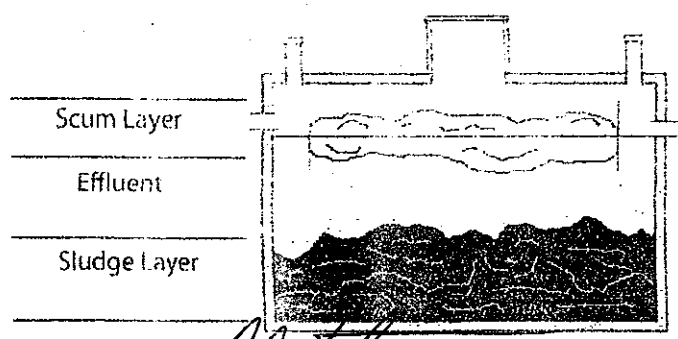
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

Sludge Level _____ in. X Gallons Per Inch _____ = Sludge Volume _____ Gallons

Scum Level _____ in. X 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.

11/10/15