

SSTS MAINTENANCE REPORT

System Location		
Address <u>7789 Neal Ave S</u>	Telephone Number _____	
City <u>Hastings</u>	State <u>MN</u> ZIP <u>55033</u>	Property ID No./GEO Code _____
Owner <u>Bob Arntzen</u>	Pumping Date <u>10/12/15</u>	
Contractor		
Maintainer <u>MEYER SEWER</u>	MPCA License No. <u>915</u>	Telephone Number <u>651-459-016</u>

What was done to the system?
<input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements below)

Report Liquid Capacity in Gallons	
Tank 1: <u>1000</u> <input checked="" type="checkbox"/> Pumped	Tank 2: <u>1000</u> <input checked="" type="checkbox"/> Pumped
Tank 3: _____ <input type="checkbox"/> Pumped	Tank 4: _____ <input type="checkbox"/> Pumped
Total Gallons Pumped: <u>2000</u>	

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

Tank Radius _____ in. Tank Radius _____ in. 3.14 = Tank Volume (cubic inches) _____

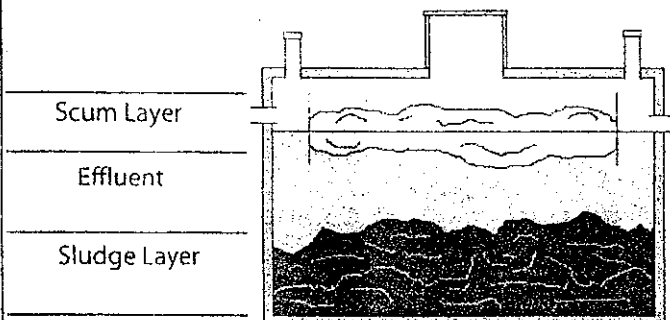
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 _____

Date _____

Reset Form