

SSTS MAINTENANCE REPORT

System Location		
Address <u>4823 Olson Lake Trail</u>	Telephone Number _____	
City <u>Lake Elmo</u>	State <u>MN</u> ZIP <u>55042</u>	Property ID No./GEO Code _____
Owner <u>Elizabeth Gergen</u>	Pumping Date <u>10/14/15</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>1200</u> Pumped Tank 2: _____ <input type="checkbox"/> Pumped Tank 3: _____ <input type="checkbox"/> Pumped Tank 4: _____ <input type="checkbox"/> Pumped Total Gallons Pumped: <u>1200</u>

Visual Inspection (note any problems with the system):

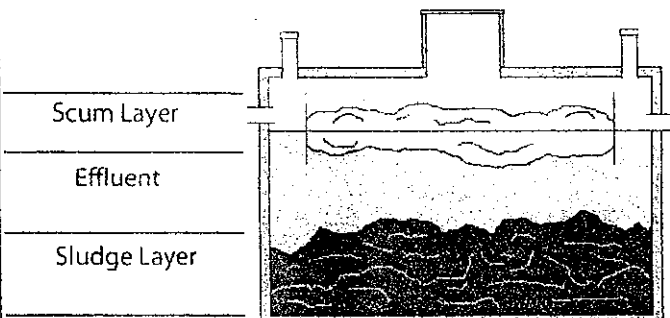
NOTE: This does not serve as a compliance inspection.

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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 _____ %



*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 [Signature]

Date 10/14/15

Reset Form