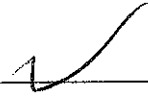


SSTS MAINTENANCE REPORT



System Location		
Address <u>1872 Stagecoach Tr5</u>	Telephone Number _____	
City <u>Afton</u>	State <u>MN</u> ZIP <u>55001</u>	Property ID No./GEO Code _____
Owner <u>Maryle Blomquist</u>	Pumping Date <u>10/1/15</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>15000</u> <input checked="" type="checkbox"/> Pumped Tank 2: _____ <input type="checkbox"/> Pumped Tank 3: _____ <input type="checkbox"/> Pumped Tank 4: _____ <input type="checkbox"/> Pumped Total Gallons Pumped: <u>15000</u>

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

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PUBLIC HEALTH

***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) _____

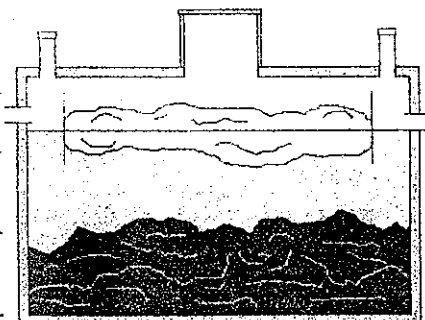
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 _____

Date _____

Reset Form