

## SSTS MAINTENANCE REPORT

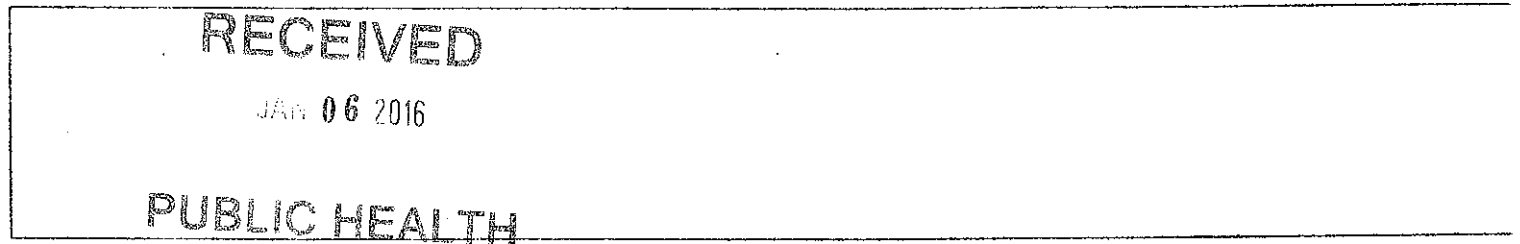
|                                    |                                  |                                     |
|------------------------------------|----------------------------------|-------------------------------------|
| <b>System Location</b>             |                                  |                                     |
| Address <u>8549 Ironwood Trail</u> | Telephone Number _____           |                                     |
| City <u>Lake Elmo</u>              | State <u>MN</u> ZIP <u>55042</u> | Property ID No./GEO Code _____      |
| Owner <u>Greg Malmquist</u>        | Pumping Date <u>10/9/15</u>      |                                     |
| <b>Contractor</b>                  |                                  |                                     |
| Maintainer <u>MEYER SEWER</u>      | MPCA License No. <u>915</u>      | Telephone Number <u>651-459-016</u> |

|   |
|---|
| <b>What was done to the system?</b>   |
| <input checked="" type="checkbox"/> Tank(s) Pumped <u>1</u>                                 |
| <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) |

|  |  |               |                                 |
|--|--|---------------|---------------------------------|
| <b>Report Liquid Capacity in Gallons</b> |  |               |                                 |
| Tank 1: <u>1500</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>1500</u>        |  |               |                                 |

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.



|   |                                     |                            |   |
|---|-------------------------------------|----------------------------|---|
| <b>*Tank Measurements-Use Only If Tank(s) Were NOT Pumped</b> |                                     |                            |   |
| Tank Length _____ in.   | <input checked="" type="checkbox"/> | Tank Width _____ in.       | <input checked="" type="checkbox"/>   |
| Tank Depth _____ in.  | =                                   | Tank Volume (cubic inches) | _____   |
| Tank Radius _____ in.   | <input checked="" type="checkbox"/> | Tank Radius _____ in.      | <input checked="" type="checkbox"/>   |
| 3.14 =  |                                     | Tank Volume (cubic inches) | _____   |
| Tank Volume (cu. in.) _____                                   | /                                   | <b>231.01</b>              | = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____ |
| Sludge Level _____ in.  | <input checked="" type="checkbox"/> | Gallons Per Inch _____     | = Sludge Volume _____ Gallons   |
| Scum Level _____ in.  | <input checked="" type="checkbox"/> | 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 10/9/15

Reset Form