SSTS MAINTENANCE REPORT

System Location

Address _8540 105th St. N_   Telephone Number

City _Mahtomedi_   State _MN_ ZIP _55115_   Property ID No./GEO Code

Owner _Annette Mike_   Pumping Date _9/11/15_

Contractor

Maintainer _MEYER SEWER_   MPCA License No. _915_   Telephone Number _651-459-0161_

What was done to the system?

[X] Tank(s) Pumped _1_

[ ] Sludge and scum measured.
   Do tanks need to be pumped?
   [ ] Yes   [ ] No (If no provide measurements below)

Report Liquid Capacity in Gallons

Tank 1: _1250_   [X] Pumped   Tank 2: _____   [ ] Pumped

Tank 3: _____ [ ] Pumped   Tank 4: _____ [ ] Pumped

Total Gallons Pumped: _1250_

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

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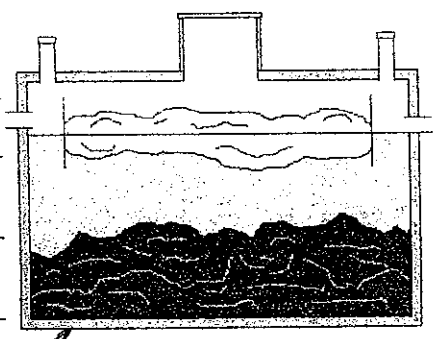
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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.

Signature _____   Date _9/11/15_   Reset Form