SSTS MAINTENANCE REPORT ✓

System Location

Address **9370 Manning Ave. N**

Telephone Number

City **Stillwater**   State **MN** ZIP **55082**   Property ID No./GEO Code

Owner **Mark Tschoepe**   Pumping Date **9/14/15**

Contractor

Maintainer **MEYER SEWER**   MPCA License No. **915**   Telephone Number **651-459-016?**

What was done to the system?

☑ Tank(s) Pumped   **2**

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

Report Liquid Capacity in Gallons

Tank 1: **1000** ☑ Pumped   Tank 2: **1000** ☑ Pumped

Tank 3: _____ ☐ Pumped   Tank 4: _____ ☐ Pumped

Total Gallons Pumped: **2000**

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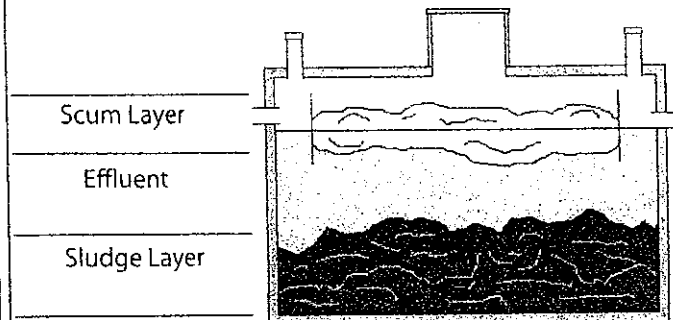
Tank Volume (cu. in.) _____ / **231.01** = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 _____ %

*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.

Scum Layer

Effluent

Sludge Layer

Tank Depth measured from invert of outlet pipe to bottom of tank

---

Signature _____   Date **9/14/15**   Reset Form