

SSTS MAINTENANCE REPORT

System Location		
Address	<u>7805 Demontreville Trail</u>	Telephone Number
City	<u>Lake Elmo</u>	State <u>MN</u> ZIP <u>55042</u> Property ID No./GEO Code
Owner	<u>Rob Jones</u>	Pumping Date <u>8/28/15</u>
Contractor		
Maintainer	<u>MEYER SEWER</u>	MPCA License No. <u>915</u> Telephone Number <u>651-459-0162</u>

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: 1500 Pumped Tank 2: 1000 Pumped

Tank 3: _____ Pumped Tank 4: _____ Pumped

Total Gallons Pumped: 2500

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Visual Inspection area (empty box for notes).

***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) _____

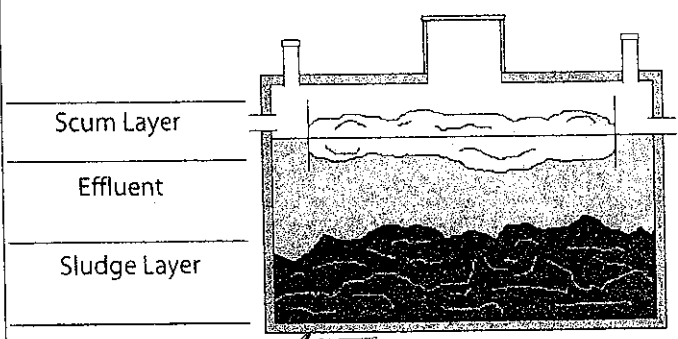
Tank Volume (cu. in.) _____ / **231.01** = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 8/28/15 Reset Form