



SSTS MAINTENANCE REPORT

System Location		
Address <u>6726 North Shore Trail</u>	Telephone Number	
City <u>Nikk Emenick</u>	State <u>MN</u> ZIP	Property ID No./GEO Code
Owner <u>Forest Lake</u>	Pumping Date <u>10-1-15</u>	
Contractor		
Maintainer <u>OLSON STEWART</u>	MPCA License No. <u>216</u>	Telephone Number <u>651-464-2082</u>

What was done to the system?

Tank(s) Pumped

Sludge and scum measured.

Do tanks need to be pumped?

Yes No (If no provide measurements below)

Report Liquid Capacity in Gallons

Tank 1: _____ Pumped Tank 2: _____ Pumped

Tank 3: _____ Pumped Tank 4: _____ Pumped

Total Gallons Pumped: _____

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. 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

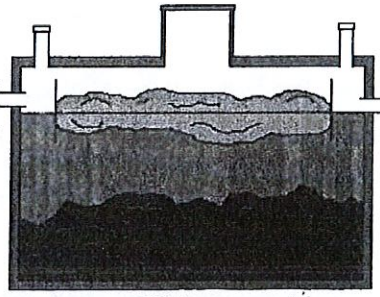
Sludge Volume _____ + Scum Volume _____ = Total Sludge and Scum Volume _____ Gallons

Total Sludge and Scum Volume _____ / Liquid Capacity _____ = Percent Sludge and Scum in Tank _____ %

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 10-1-15

Reset Form