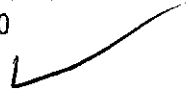


SSTS MAINTENANCE REPORT



| System Location | | |
|-----------------|-------------------|---|
| Address | 14535 118th St. N | Telephone Number |
| City | Stillwater | State MN ZIP 55082 Property ID No./GEO Code |
| Owner | James Arnold | Pumping Date 10/16/15 |
| 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. Tank Width _____ in. Tank Depth _____ in. = Tank Volume (cubic inches) _____

Tank Radius _____ in. Tank Radius _____ in. 3.14 = Tank Volume (cubic inches) _____

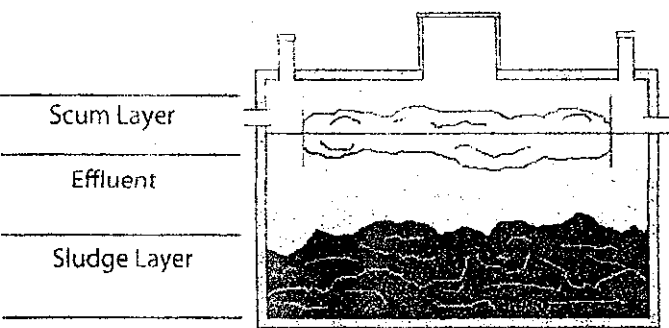
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 _____ %



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 10/16/15

Reset Form