

SSTS MAINTENANCE REPORT



System Location

Address 16096 6th St. N Telephone Number _____

City Lakeland State MN ZIP 55043 Property ID No./GEO Code _____

Owner Linda Thompson Pumping Date 10/29/15

Contractor _____

Maintainer MEYER SEWER MPCA License No. 915 Telephone Number 651-459-0162

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): **RECEIVED** NOTE: This does not serve as a compliance inspection

JAN 11 2016

PUBLIC HEALTH

***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) _____

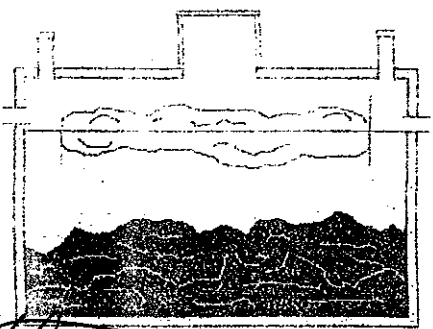
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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.

Handwritten signature and date: 10/29/15