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SSTS MAINTENANCE REPORT

System Location			
Address <u>6726 North Shore TR</u>		Telephone Number	
City <u>Forest Lake</u>	State	ZIP	Property ID No./GEO Code
Owner <u>W. K. K. Emerick</u>	Pumping Date <u>1-27-16</u>		
Contractor			
Maintainer <u>Olsons Sewer</u>	MPCA License No.	Telephone Number <u>651-464-2052</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: 1859

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Pumped L-IT for pump repair
Permit # p9435r 3009

***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

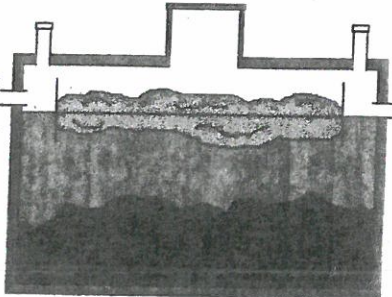
Sludge Volume _____ + Scum Volume _____ = Total Sludge and Scum Volume _____ Gallons

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 [Signature]

Date 1-27-16

Reset Form

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SSTS MAINTENANCE REPORT

System Location		
Address	21503 NOVAK AVE NW NORTH	Telephone Number 651-433-9981
City	Scandia	State MN ZIP 55073 Property ID No./GEO Code
Owner	Jamey Austad	Pumping Date 9-10-15
Contractor		
Maintainer	Olson's Sewer Service	MPCA License No. Telephone Number 651-464-2081

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: 1000 Pumped Tank 2: 1000 Pumped
 Tank 3: 1000 Pumped Tank 4: _____ Pumped
 Total Gallons Pumped: 2183

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Permit # h4312;3008

***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) _____

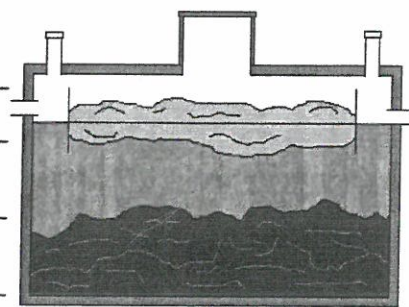
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 [Signature]

Date 9-10-15

Reset Form