

SSTS MAINTENANCE REPORT

System Location		
Address <u>8006 22nd Ct. N.</u>	Telephone Number	
City <u>Lake Elmo</u>	State <u>MN</u> ZIP <u>55042</u>	Property ID No./GEO Code
Owner <u>Vicki Caswell</u>	Pumping Date <u>9/18/15</u>	
Contractor		
Maintainer <u>MEYER SEWER</u>	MPCA License No. <u>915</u>	Telephone Number <u>651-459-016</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: 1500 Pumped Tank 2: _____ Pumped

Tank 3: _____ Pumped Tank 4: _____ Pumped

Total Gallons Pumped: 1500

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Visual Inspection area (empty 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) _____

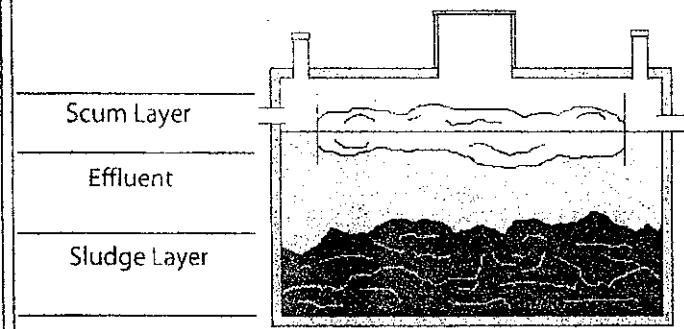
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 9/18/15 Reset Form