Washington County

SSTS MAINTENANCE REPORT

System Location

Address **20300 Jewel Ave. N.**   Telephone Number **6123250676**

City **Forest Lake**   State **MN** ZIP **55025** Property ID No./GEO Code

Owner **Greg Katzmeier**   Pumping Date **5/16/16**

Contractor

Maintainer **Boss Pumping**   MPCA License No. **1945**   Telephone Number **(651) 466-0800**
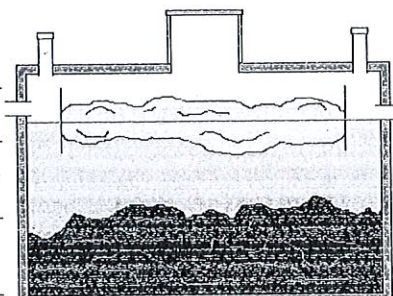
What was done to the system?

[✓] 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: **1200** [✓] Pumped   Tank 2: _____ [ ] Pumped

Tank 3: _____ [ ] Pumped   Tank 4: _____ [ ] Pumped

Total Gallons Pumped: **1200**

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. **X** Tank Width _____ in. **X** Tank Depth _____ in. **=** Tank Volume (cubic inches) _____

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

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

Sludge Level _____ in. **X** Gallons Per Inch _____ **=** Sludge Volume _____ Gallons

Scum Level _____ in. **X** 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 _____   Date **5-16-16**   Reset Form