

SSTS MAINTENANCE REPORT

System Location

Address 12123 Mayberry Trl N Telephone Number 651-433-2077
 City Marine-on-St. Croix State MN ZIP 55047 Property ID No./GEO Code _____
 Owner Ron Hoheisel Pumping Date _____

Contractor

Maintainer R&M Septic MPCA License No. 7708 L3070 Telephone Number (651) 674-8520

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: 750 Pumped
 Tank 3: _____ Pumped Tank 4: _____ Pumped
 Total Gallons Pumped: 1750

Visual Inspection (note any problems with the system):

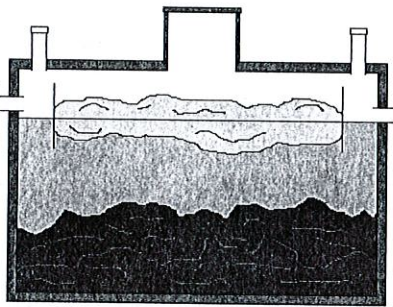
NOTE: This does not serve as a compliance inspection.

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*Tank Measurements-Use Only if Tank(s) Were NOT Pumped

PUBLIC HEALTH

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 Richard A. ... Date _____

Reset Form