

SSTS MAINTENANCE REPORT

System Location

Address 14855-197th St N Telephone Number 612-910-5900
 City Marine-on-St. Croix State MN ZIP 55047 Property ID No./GEO Code _____
 Owner Jeff Viner Pumping Date 7-8-16

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: 1000 Pumped
 Tank 3: _____ Pumped Tank 4: _____ Pumped
 Total Gallons Pumped: 2000

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

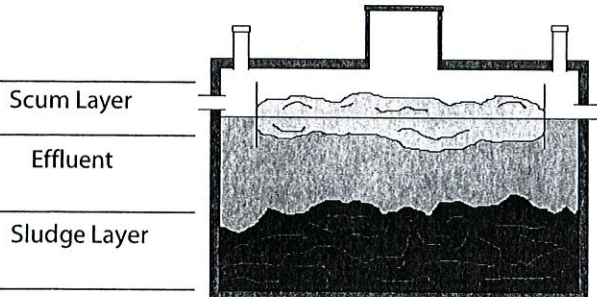
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*Tank Measurements-Use Only if Tank(s) Were NOT Pumped

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 [Handwritten Signature] Date 7-8-16

Reset Form