

SSTS MAINTENANCE REPORT

System Location	
Address <u>11715 Scandia Trail N.</u>	Telephone Number
City <u>Scandia</u>	State <u>MN</u> ZIP <u>55073</u> Property ID No./GEO Code
Owner <u>Lloyd Wendorf</u>	Pumping Date <u>12/16</u>



Contractor	
MPCA License No. <u>3911</u>	Telephone Number (651) 433-3986 <u>333-0281</u>

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: <u>1000</u>	<input type="checkbox"/> Pumped	Tank 2: _____	<input type="checkbox"/> Pumped
Tank 3: _____	<input type="checkbox"/> Pumped	Tank 4: _____	<input type="checkbox"/> Pumped
Total Gallons Pumped: <u> </u>			

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. 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

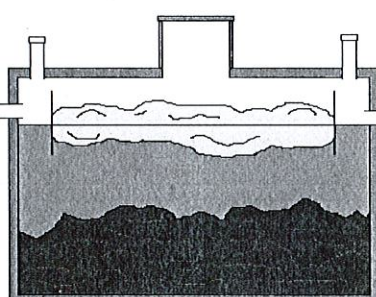
Sludge Volume _____ + Scum Volume _____ = Total Sludge and Scum Volume _____ Gallons

Total Sludge and Scum Volume _____ / Liquid Capacity _____ = Percent Sludge and Scum in Tank _____ %

Scum Layer _____

Effluent _____

Sludge Layer 3"



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 12/21/16

Reset Form