

SSTS MAINTENANCE REPORT

| System Location | | |
|-----------------|-----------------------------------|---|
| Address | 17090 - 116 th St - N. | Telephone Number 439-8100 |
| City | Stillwater | State <u>Mn</u> ZIP <u>55082</u> Property ID No./GEO Code |
| Owner | Bob Parke | Pumping Date 9/21/16 |
| Contractor | | |
| Maintainer | Boss Pumping | MPCA License No. 1945 Telephone Number (651) 466-0800 |

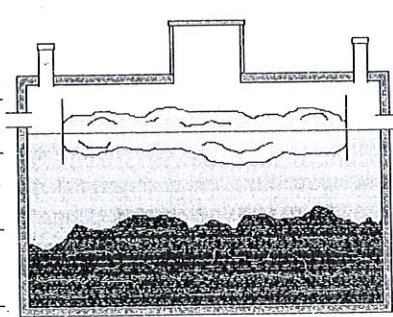
| What was done to the system? |
|---|
| <input checked="" type="checkbox"/> Tank(s) Pumped |
| <input type="checkbox"/> Sludge and scum measured. |
| Do tanks need to be pumped? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements below) |

| Report Liquid Capacity in Gallons | | | |
|-----------------------------------|-------|--|---|
| Tank 1: | 1500 | <input checked="" type="checkbox"/> Pumped | Tank 2: _____ <input type="checkbox"/> Pumped |
| Tank 3: | _____ | <input type="checkbox"/> Pumped | Tank 4: _____ <input type="checkbox"/> Pumped |
| Total Gallons Pumped: | | 1500 | |

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. | <input checked="" type="checkbox"/> Tank Width _____ in. | <input checked="" type="checkbox"/> Tank Depth _____ in. | = Tank Volume (cubic inches) _____ |
| Tank Radius _____ in. | <input checked="" type="checkbox"/> Tank Radius _____ in. | <input checked="" type="checkbox"/> 3.14 | = Tank Volume (cubic inches) _____ |
| Tank Volume (cu. in.) _____ | / 231.01 = Liquid Capacity _____ | Gallons / Tank Depth _____ in. | = Gallons/Inch _____ |
| Sludge Level _____ in. | <input checked="" type="checkbox"/> Gallons Per Inch _____ | = Sludge Volume _____ | Gallons |
| Scum Level _____ in. | <input checked="" type="checkbox"/> 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

[Handwritten Signature]

Date

9-21-16

Reset Form