



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER
14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006
Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-6730

SSTS MAINTENANCE REPORT

System Location	
Address <u>8900 NEAL AVENUE</u>	Telephone Number
City <u>HASTINGS</u>	State <u>MN</u> ZIP <u>55033</u> Property ID No./GEO Code <u>17 027 20 33 0006</u>
Owner <u>BRUCE & DONNA OISEN</u>	Pumping Date <u>8.21.17</u>
Contractor	
Maintainer <u>SCHLOMKA'S</u>	MPCA License No. <u>3302</u> Telephone Number <u>651 437 7284</u>

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: Pumped

Tank 3: Pumped Tank 4: Pumped

Total Gallons Pumped: 1000

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

good condition

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) _____

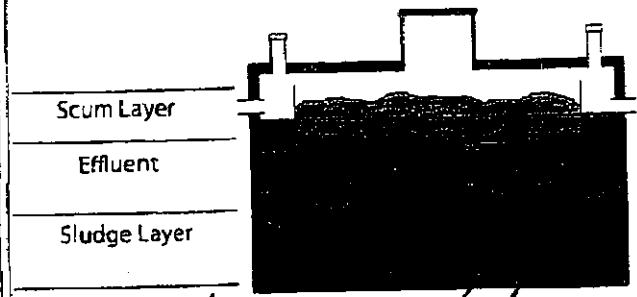
Tank Volume (cu. in.) _____ / 231.01 = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 _____ %



*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.

Tank Depth measured from invert of outlet pipe to bottom of tank

Signature Aud Walker

Date 11.07.2017