



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>14480 65TH ST. NORTH</u>	Telephone Number
City <u>STILLWATER</u>	State <u>MN</u> ZIP <u>55082</u> Property ID No./GEO Code
Owner <u>CLAIRIE WITZEL</u>	Pumping Date <u>8-24-2017</u>
Contractor	
Maintainer <u>SCHLONKA PORTABLE</u>	MPCA License No. <u>3302</u> Telephone Number <u>651-437-1284</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**

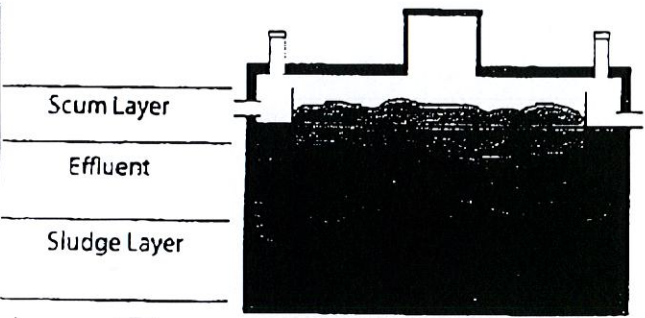
Tank 1: 1000  Pumped Tank 2: \_\_\_\_\_  Pumped  
 Tank 3: \_\_\_\_\_  Pumped Tank 4: \_\_\_\_\_  Pumped  
 Total Gallons Pumped: 1000

Visual Inspection (note any problems with the system):  
Good condition

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 \_\_\_\_\_ %



\*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 [Handwritten Signature] Date 8-17-17