

Signature

## 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 L	AND ADDRESS OF THE RESIDENCE OF THE PROPERTY O
Address 19180 Harrow Ave	. N. Telephone Number 65128300
City Forest Lake StateMN	ZIP 5502 Groperty ID No./GEO Code
Owner Myron Movehouseumping Date	e 10/29/15
Contr	actor
Maintainer Boss Pumping MPCA License	No. 1945 Telephone Number (651) 466-0800
What was done to the system?  Tank(s) Pumped  Sludge and scum measured.	Tank 1: / Two Pumped Tank 2: / Www Pumped  Tank 3: Pumped Tank 4: Pumped
Do tanks need to be pumped?  Yes No (If no provide measurements below)	Total Gallons Pumped: 2200
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. X Tank Width in. X Tank Depth in. = Tank Volume (cubic inches)	
Tank Radius in. X Tank Radius in. X 3.14 = Tank Volume (cubic inches)	
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons/Inch	
Sludge Level in. <b>X</b> Gallons Per Inch = Sludge \	Volume Gallons
Scum Level in. X Gallons Per Inch = Scum Vo	piume Gallons
Sludge Volume + Scum Volume = Total Slu	udge and Scum Volume Gallons
Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank %	
fro	*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 Date	11-79-15 Reset Form