

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 9340 north shore trail			Telepho	ne Number	(651) 464-5832
City Forest Lake	State MN	ZIP 55025	Property ID N	lo./GEO Code	
Owner Joann house	Pumping Da	ate Dec 30, 2015			
	Con	tractor			
Maintainer 120W Sourch Servicus	MPCA Licen	se No. 23369	Telepho	ne Number 🏒	51465 5505
What was done to the system?			Report Liquid	Capacity in G	allons
☑ Tank(s) Pumped		Tank 1: 1,250	∇ Pumpe	ed Tank 2: 1,0	00 N Pumped
Sludge and scum measured.		Tank 3:	Pumpe		Pumped
Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements be)	nalow)	Total Gallons I	— Pumped: 1,500	 n	-
Visual Inspection (note any problems with the		NOTE: III	s does not se	rve as a comp	oliance inspection.
		nly If Tank(s) Were	-		la col
Tank Length in. X Tank Width ———	in. X Tank	Depth ir	n. = Tank Vol	ume (cubic inc	nes)
Tank Radius in. X Tank Radius	in. X 3.1	4 = Tank Volume	(cubic inches)	Record Control (London Marie	
Tank Volume (cu. in.) / 231.01 = L	iquid Capacity	Gallo	ns / Tank Dep	th in. = 9	iallons/Inch
Sludge Level in. X Gallons Per Inch	= Sludge	Volume	Gallons		
Scum Level in. X Gallons Per Inch	= Scum \	/olume (Gallons		
Sludge Volume + Scum Volume	— Total C	Ludge and Cour Ve	lum o	Gallons	
		ludge and Scum Vo	-		190
Total Sludge and Scum Volume / Lie	quid Capacity	= Pero	ent Sludge an	d Scum in Tank	<u></u> %
Scum Layer Effluent Sludge Layer	fr	ank Depth measure om invert of outlet ipe to bottom of tal	followin 1. The t 12 inch baffle; c 2. Total	ng conditions e op of the sludg es from the bo or sludge and sco percent of the	ge layer is less than ttom of the outlet um volume is greater
Signature do do	Date	e D	Dec 30, 2015	Re	set Form