

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 13875 Duly Aug 11	1)	Felephone Number	
City Laken State 2017 ZIP Property ID No./GEO Code			
Owner Physick Harrivers Pumping Date 1/12/15			
Contractor			
Maintainer A & B Sanitation N	IPCA License No. 3865	Telephone Number (651) 464-2150	
What was done to the system?	Report	t Liquid Capacity in Gallons	
Tank(s) Pumped	· Tank 1:	Pumped Tank 2: Pumped	
Sludge and scum measured.	Tank 3.	Pumped Tank 4: Pumped	
Do tanks need to be pumped? Yes No (If no provide measurements belo	Total Gallons Pumpe	d: 1380 2258	
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.			
Visual inspection (note any properties with the system).			
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*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. X Gallons Per Inch	= Sludge Volume Gallon	S .	
Scum Level in. X Gallons Per Inch	= Scum Volume Gallon	s	
Słudge Volume + Scum Volume	= Total Sludge and Scum Volume	Gallons	
Total Sludge and Scum Volume / Liqui	d Capacity = Percent SI	udge and Scum in Tank%	
Scum Layer		*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.	
Effluent Sludge Layer	Tank Depth measured from invert of outlet pipe to bottom of tank		
Signature) ()	Date	Reset Form	