

## 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 12309 Flore Ave N	Telephone Number
<del></del>	Property ID No./GEO Code
Owner Sac Marshanson Pump	oing Date ///9/15
Contractor	
Maintainer A & B Sanitation MPCA	License No. 2 FFF Telephone Number (651) 464-2150
What was done to the system?	Report Liquid Capacity in Gallons
Tank(s) Pumped	Tank 1: / 570 又 Pumped Tank 2: Pumped
Sludge and scum measured.	Tank 3: Pumped Tank 4: Pumped
Do tanks need to be pumped?	Total Gallons Pumped: 1500
Yes No (If no provide measurements below)	
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.	
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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. <b>X</b> Tank Radius in. <b>X</b> 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 Gailons Per Inch =	Scum Volume Gallon's
Sludge Volume + Scum Volume =	Total Sludge and Scum Volume Gallons
Total Sludge and Scum Volume / Liquid Ca	pacity = Percent Sludge and Scum in Tank %
	*Tanks must be pumped if either of the
	following conditions exist:
Scum Layer	1. The top of the sludge layer is less than  12 inches from the bottom of the outlet
Effluent Effluent	Tank Depth measured baffle; or
Ellident	from invert of outlet  2. Total sludge and scum volume is greater
Sludge Layer	pipe to bottom of tank capacity.
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Signature 1-2/	Date Reset Form