

Signature

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

System Location				
Address 1226	O Manday	RI.PLTa		Telephone Number
City Allo		State MM	ZIP SEONN PI	roperty ID No./GEO Code
Owner Justil	Holl.	Pumping Date	7	
Contractor/				
Maintainer MEYER SEWER MPCA License No. 915 Telephone Number 651-459-016				
What was done to the system?			Rej	port Liquid Capacity in Gallons
Tank(s) Pumped			Tank 1: 1500	Pumped Tank 2: 1506 Pumped
Sludge and scum measured. Do tanks need to be pumped?			Tank 3: 10000	Pumped Tank 4: Pumped
			Total Gallons Pun	nped: 4000
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection				
The state of the s				
*Tank Measurements-Use Only If Tank(s) Were NOT Pumped				
Tank Length	in. X Tank Width	in. 🗶 Tank De	pth in. =	Tank Volume (cubic inches)
Tank Radius	in. 🗶 Tank Radius	in. X 3.14 =	Tank Volume (cu	bic inches)
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons/Inch				
Sludge Level in. X Gallons Per Inch = Sludge Volume Gallons				
Scum Level in. X Gallons Per Inch = Scum Volume Gallons				
Sludge Volume	+ Scum Volume	= Total Sludg	ge and Scum Volume	e Gallons
Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank %				
,		E		*Tanks must be pumped if either of the
				following conditions exist:
Scum Layer			** <u>*</u>	The top of the sludge layer is less than inches from the bottom of the outlet
Effluent			Depth measured nvert of outlet	baffle; or 2. Total sludge and scum volume is greater
Sludge Layer		pipe t	o bottom of tank	than 25 percent of the tank's liquid capacity.
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Date

Reset Form