

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

		Sys	item Loca	tion		0.14.43.63
Address 1395 () Vasar	AUZ, C	·+· 5	,	Telephone Number	
City St. Croix T	Beach	State	N ZIP	55043 Pr	operty ID No./GEO Code	
Owner Mariene Doty Pumping Date 8/12/15						
	Ø-	1	Contracto	r /		
Maintainer MEYER S	EWER	MPCA Li	cense No.	915	Telephone Number 651-459-0	2162
What was done Tank(s) Pumped 2 Sludge and scum measure Do tanks need to be pum Yes No (If no po	ed. ped? rovide measureme		T	ank 1: <u>1500</u> ank 3: otal Gallons Pun	Pumped Tank 2: 500 Pum Pumped Tank 4: Pum Pumped: 2000 oes not serve as a compliance inspect	nped
	Tank Width	in. X 7	Fank Depti		= 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 Gailons / Tank Depth in. = Gallons/Inch						
Tank Volume (cu. in.)		' '		······································	·	
Sludge Level in. X	Gallons Per Inch	= Slu	ıdge Volur	ne Gall	ions	
Scum Level in. X	Gallons Per Inch	= Sci	um Volum	e Gall	ons	
Sludge Volume +	Scum Volume	= To:	tal Sludge	and Scum Volun	ne Gallons	
Total Sludge and Scum Volui	ne	Liquid Capad	city	= Percent	t Sludge and Scum in Tank%	
Scum Layer Effluent Sludge Layer			from in	epth measured vert of outlet bottom of tank	*Tanks must be pumped if either of th following conditions exist: 1. The top of the sludge layer is less th 12 inches from the bottom of the out baffle; or 2. Total sludge and scum volume is gr than 25 percent of the tank's liquid capacity.	nan ilet
Signature		-	Date (8/2/15	Reset Form	