

Signature

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

	System	n Location		
Address 7805 LEEWard	AUE. 1	$\overline{\mathcal{O}}$	Telephone Number	
city Still water	State MA	J ZIP55082 Pro	perty ID No./GEO Code	
Owner Dave Wiften	Pumping D	Date 10/1/15"		
	Cor	ntractor		
Maintainer MEYER SEWER	MPCA Licer	nse No. 915	Telephone Number 65/-	459-016
What was done to the system?		Report Liquid Capacity in Galions		
Tank(s) Pumped /		Tank 1: 1500 \$	Pumped Tank 2:	Pumped
Sludge and scum measured. Do tanks need to be pumped?		Tank 3:	Pumped Tank 4:	Pumped
Yes No (If no provide measureme	ents below)	Total Gallons Pump	ped: 1500	
Visual inspection (note any problems wit	h the system):	NOTE: This doe	es not serve as a complian	ce inspection.
		•		
*Tank Mea	surements-Use 0	only if Tank(s) Were NOT	Pumped	<u> </u>
Tank Length in. X Tank Width	in. X Tan	k Depth in. =	Tank Volume (cubic inches)	<u> </u>
Tank Radius in. X Tank Radius	in. X 3. 1	14 = Tank Volume (cub	oic inches)	
Tank Volume (cu. in.) / 231.01	Liquid Capacity	y Gallons /	Tank Depth in. = Gallor	ıs/Inch
Sludge Level in. X Gallons Per Inch	= Sludg	e Volume Gallo	ns	
Scum Level in. X Gallons Per Inch	= Scum	Volume Gallo	ns	
Sludge Volume + Scum Volume	= Total !	Sludge and Scum Volume	. Gallons	
		_		%
Total Sludge and Scum Volume	/ Liquid Capacity	= Percent S	Sludge and Scum in Tank	70
	T		*Tanks must be pumped if	either of the
			following conditions exist: 1. The top of the sludge lay	
Scum Layer	-		12 inches from the bottom	of the outlet
Effluent		Tank Depth measured from invert of outlet	baffle; or 2. Total sludge and scum volume is greater than 25 percent of the tank's liquid capacity.	
Sludge Layer	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	pipe to bottom of tank		
Slouge cayer			t i i i i i	

Date

Reset Form