

Signature

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

	SSIS MAINTENANCE REPORT
	System Cocation
Address $4/./.()$	235th ST N Telephone Number
City of	State ZIP Property ID No./GEO Code
/ / - //	ie Hartung Pumping Date 11-12-15
Owner Mango	n contractor
Maintainer	MPCA License No. Telephone Number
Tank(s) Pumped Sludge and scum Do tanks need to	Tank 1: /33) Pumped Tank 2: Pumped Tank 3: Pumped Tank 4: Pumped Total Gallons Pumped: /333
Visual Inspection	note any problems with the system): NOTE: This does not serve as a compnance inspection.
	*Tank Measurements-Use Only If Tankis) Were NOT Rumped
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	Gallons / Tank Depth in. = Gallons / Inch
Sludge Level	in. X Gallons Per Inch = Sludge Volume Gallons
Scum Level	in. X Galions Per Inch = Scum Volume Gallons
	+ Scum Volume = Total Sludge and Scum Volume Gallons
Sludge Volume	——————————————————————————————————————
Scum Layer Effluent Sludge 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 greate than 25 percent of the tank's liquid capacity.
Signature	7 16 = 11-12-15 Reset form