

Signature

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

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	SystemiLoca	tion	ephone Number 651-438-55-16
ddress 14862 OW OUSlamber	frail		
ity MARINL	State MW ZIP	55047 Property	/ ID No.7 dies doub
wner TAMIR BOARD MAN	Pumping Date	12-4-15	
	Contracti		lephone Number 651-464, 2082
laintainer 01500 > luet	MPCA License No	· 10	iquid Capacity in Gallons
What was done to the system?		KEPO!	Pumped Tank 2:
☑ Fank(s) Pumped		Tank 1: 1205	Pumped Tank 4: Pumped
7 Sludge and scum measured.		Tank 3:	
Do tanks need to be pumped? Yes No (If no provide measurement	s below)	Total Gallons Pumped	
Visual Inspection (note any problems with t	the system):	NOTE: This does	not serve as a compliance inspection.
*Tank Meas Tank Length in. X Tank Width	in. X Tank De	· · · · · · · · · · · · · · · · · · ·	Tank Volume (cubic inches)
Tank Length X Tank Radius Tank Radius	in. X 3.14 :	Tank Volume (cubic	e 11 //meh
Tarik needs ==	= Liquid Capacity _	Gallons / Ta	
Sludge Level in. X Gallons Per Inch	= Sludge Vo	olume Gallon	S
. V Callans Per Inch	= Scum Vol	lume Gallon	
Scuin Level		dge and Scum Volume	Gallons
Sluage volume	/ Liquid Capacity		iludge and Scum in Tank%
Total Sludge and Scum Volume	, Elquid dapart		*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
Scum Layer	Ta	nk Depth measured	baffle; or
Effluent	fro	om invert of outlet pe to bottom of tank	than 25 percent of the tank's liquid capacity.
Sludge Layer		<u></u>	
			Reset Form