

Signature

## 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

System Location		
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City I for F (	, , , , , , , , , , , , , , , , , , , ,	erty ID No./GEO Code
- TO OO II	Pumping Date 7/7/15	
Owner DUTT KIZUEGER Pumping Date 7/7/15  Contractor		
Maintainer MEYER SEWER MPCA License No. 915 Telephone Number 651-459-0162		
What was done to the system?	Repoi	t Liquid Capacity in Gallons
Tank(s) Pumped	Tank 1: /000 🕻	Pumped Tank 2: 1000 Pumped
Sludge and scum measured.	Tank 3:	Pumped Tank 4: Pumped
Do tanks need to be pumped?  Yes No (If no provide measurements to	below) Total Gallons Pumpe	ed: 2000
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.		
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*Tank Measurements-Use Only If Tank(s) Were NOT Pumped		
Tank Length in. X Tank Width	in. <b>X</b> Tank Depth in. =	Tank Volume (cubic inches)
Tank Radius in. <b>X</b> Tank Radius in. <b>X</b> 3.14 = Tank Volume (cubic inches)		
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons/Inch		
Sludge Level in. <b>X</b> Gallons Per Inch = Sludge Volume Gallons		
Scum Level in. <b>X</b> Gallons Per Inch = Scum Volume Gallons		
Sludge Volume + Scum Volume	= Total Sludge and Scum Volume	Gallons
Total Sludge and Scum Volume/ Li	iquid Capacity = Percent S	ludge and Scum in Tank%
Scum Layer  Effluent  Sludge Layer	Tank Depth measured from invert of outlet pipe to bottom of tank	*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 greater than 25 percent of the tank's liquid capacity.

Date

Reset Form