

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					
Address 15525 st Croix tr n			Telephon	e Number	6514332486
City Marine on St. Croix State	te mn Z	ZIP 55074	Property ID No	/GEO Code	
Owner donrovine retreat center Pumping Date 10/07/19					
Contractor					
Maintainer Row Sewer Service MPC	A License I	No. L3309	Telephon	e Number	6514655505
What was done to the system?	Programme and the second	Report Liquid Capacity in Gallons			
▼ Tank(s) Pumped		Tank 1: 1000	N Pumpe	Tank 2:	Pumped
Sludge and scum measured.		Tank 3:	Pumpe	Tank 4:	Pumped
Do tanks need to be pumped? Yes No (If no provide measurements below)		Total Gallons	 Pumped: 1000		
				page .	
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.					
				OCT 1	
and the second of the second			DI	OCT 1	4 2019 HEALTH
			PU	BLIC	HEALTI
2					LALIH
*Tank Measurements-Use Only If Tank(s) Were NOT Pumped					
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.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons / Inch					
Sludge Level in. X Gallons Per Inch =	Sludge Vo	olume	Gallons		
Scum Level in. X Gallons Per Inch = Scum Volume Gallons					
Sludge Volume + Scum Volume =	Total Sluc	dge and Scum V	olume	Gallons	
Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank %					
Scum Layer Effluent Sludge Layer	fron	k Depth measure n invert of outlet e to bottom of ta	followin 1. The to 12 inche ed baffle; o 2. Total	g conditions op of the slud es from the bo r sludge and so percent of th	oed if either of the exist: ge layer is less than ottom of the outlet :um volume is greater e tank's liquid
Signature AUN S	Date		10/07/19	R	eset Form