

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

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		System L	ocation			
Address 10500	Grey Cond Ti	>		Telephone Number		
City Coffere	Gove	State	ZIPSSOLG Prop	perty ID No./GEO Code		
Owner Ton	Nicornagites	Pumping Date	10/14/15			
		Contra	actor			
Maintainer MEYE	RSEWER	MPCA License	No. 915	Telephone Number 65/-	459-016.	
What was done to the system?			Report Liquid Capacity in Gallons			
Tank(s) Pumped			Tank 1: 15000 Pumped Tank 2: Pumped			
Sludge and scum measured.				Pumped Tank 4:	Pumped	
Do tanks need to be pumped? Yes No (If no provide measurements below)			Total Gallons Pump	ped: 1500		
					re inspection.	
				CEIVED	•	
				JAN 07 2016		
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			PUB	LICHEALTH		
	*Tank Measur	ements-Use Only	y If Tank(s) Were NOT			
Tank Length	in. X Tank Width	in. X Tank D	epth in. =	Tank Volume (cubic inches)		
Tank Radius	in. X Tank Radius	in. X 3.14	= Tank Volume (cub	oic inches)		
Tank Volume (cu. in.)	/ 231.01 =	Liquid Capacity	Gallons /	Tank Depth in. = Gallor	ns/Inch	
Sludge Level	in. X Gallons Per Inch	= Sludge V	olume Gallo	ns		
Scum Level	in. X Gallons Per Inch	= Scum Vo	lume Gallo	ns		
Sludge Volume	+ Scum Volume	= Total Slu	dge and Scum Volume	Gallons		
Total Sludge and Scu	m Volume / L	iquid Capacity	= Percent :	Sludge and Scum in Tank	%	
Scum Layer Effluent Sludge Layer		fror	nk Depth measured m invert of outlet e to bottom of tank	*Tanks must be pumped if following conditions exist: 1. The top of the sludge lay 12 inches from the bottom baffle; or 2. Total sludge and scum v than 25 percent of the tank capacity.	ver is less than of the outlet olume is greate	