

## 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 Lo	cation	· · · · · · · · · · · · · · · · · · ·	
Address 309 5th 545			Telephone Number		
City Still we	for	State MA) 2	ZIP 55082 Proj	perty ID No./GEO Code	Marie Sch. (1904) - Printer of HTTE Andrews Special Commune,
Owner Jeff	chason	Pumping Date			
		Contra	ctor		
Maintainer MEY	ER SEWER	MPCA License N	10. 915	Telephone Number 65/-	459-016
What was done to the system?			Repo	rt Liquid Capacity in Gallon	5
Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements below)			Tank 1: Pumped Tank 2: Pumper Tank 3: Pumper Tank 4: Pumper Total Gallons Pumped:		
Visual Inspection	(note any problems with t	he system):	NOTE: This doe	es not serve as a compliance	e inspection
Tank Length	*Tank Measu in. <b>X</b> Tank Width	in. X Tank De	If Tank(s) Were NOT	Pumped  Tank Volume (cubic inches)	
Tank Radius	in. X Tank Radius	in. <b>X 3.14</b> :	= Tank Volume (cub	ic inches)	
Tank Volume (cu. in	/ 231.01 =	Liquid Capacity	Gallons /	Tank Depth in. = Gallon	s/Inch
Sludge Level	in. <b>X</b> Gallons Per Inch	= Sludge Vo	olume Galloi	ns	
Scum Level	in. X Gallons Per Inch	= Scum Volu	ume Gallor	ns	
Sludge Volume	+ Scum Volume	= Total Slud	ge and Scum Volume	Gallons	
Total Sludge and So	rum Volume /	Liquid Capacity	= Percent S	Sludge and Scum in Tank	%
Scum Layer Effluent Sludge Layer		from	Depth measured invert of outlet 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 vothan 25 percent of the tank capacity.	er is less than of the outlet olume is greate