

## 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

one and a supplied to the supp	em Location
Address 15847 36th SFS	Telephone Number
City After State	ZIP 5 5001 Property ID No./GEO Code
Owner Aurliew Nippent Pumping	
/ / c	bntractor/
Maintainer MEYER SEWER MPCALice	ense No. 915 Telephone Number 651-459-0162
What was done to the system?  Z Tank(s) Pumped	Tank 1: 1250 Pumped Tank 2: 1250 Pumped
Sludge and scum measured.	- Dumped
Do tanks need to be pumped?	Talk 5.
Yes No (If no provide measurements below)	Total Gallons Pumped: 2500
Visual Inspection (note any problems with the system):	NOTE: This does not serve as a compliance inspection.
*Tank Maasurements-lise	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 Capac	ity Gallons / Tank Depth in. = Gallons/Inch
Sludge Level in. <b>X</b> Gallons Per Inch = Slud	lge Volume Gallons
Scum Level in. <b>X</b> Gallons Per Inch = Scur	m Volume Gallons
Sludge Volume + Scum Volume = Tota	al Sludge and Scum Volume Gallons
Total Sludge and Scum Volume / Liquid Capaci	ty = Percent Sludge and Scum in Tank%
Scum Layer  Effluent  Sludge Layer	*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.
Signature CL Cy	Date 8/17/5 Reset Form