

## 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 Loca	tion			
Address 94 C	Diamuel Are 1	//	<u></u>	Telephone Number	<del></del>	
City Lakelon	,	State MA ZIP	55043 Pro	operty ID No./GEO Code		
Owner Gary	Classon	Pumping Date //	Tuho		····	
		Contracto	2 <i>7/5</i>		· · · · · · · · · · · · · · · · · · ·	
Maintainer MEY	ER SEWER	MPCA License No.	915	Telephone Number 65/-4	159-016	
	as done to the system?			ort Liquid Capacity in Gallons		
Tank(s) Pumped			Tank 1: 1000 Pumped Tank 2: 1000 Pumper			
Sludge and scur	į į	Tank 3:	Pumped Tank 4:	Pumped		
Do tanks need t					lossed 1	
Yes N	lo (If no provide measurements	below)	Total Gallons Pumped: 2000			
Visual Inspection	(note any problems with th	ne system):	NOTE: This do	es not serve as a compliance	nspection	
•			•			
	*Tank Measur	ements-Use Only If 1	Tank(s) Were NO	T Pumped		
Tank Length	in. X Tank Width	in. <b>X</b> Tank Depti	h in. =	Tank Volume (cubic inches)		
Tank Radius	in. <b>X</b> Tank Radius	in. X 3.14 =	Tank Volume (cu	bic inches)		
Tank Volume (cu. ir	.) / 231.01 =	Liquid Capacity	Gallons /	Tank Depth in. = Gallons	/Inch	
Sludge Level	in. <b>X</b> Gallons Per Inch	= Sludge Volur	me Gallo	ons		
Scum Level	in. <b>X</b> Gallons Per Inch	= Scum Volum	e Gallo	ons		
Sludge Volume	+ Scum Volume	= Total Sludge	and Scum Volum	e Gallons		
Total Sludge and So	rum Volume / L	iquid Capacity	= Percent	Sludge and Scum in Tank	%	
		ন		Tanks must be pumped if e	ther of the	
			•	following conditions exist:  1. The top of the sludge laye	r is less than	
Scum Layer	1000	<del></del>		12 inches from the bottom o		
Effluent		from in	Tank Depth measured from invert of outlet than 25 percent of the tank's			
Sludge Layer		pipe to	bottom of tank	capacity.		