

## DEPARTMENT OF PUBLIC MEALTH 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 6800   | Crackleber                    | ry Tr                             |   | Telephone Number  | · · · · · · · · · · · · · · · · · · ·  |
| City Weenly  | lunt _                        | State ///                         | 1/ZIP 55/29 Pro   | pperty ID No./GEO Code  |  |
| Owner Ron  | Szubertka                     | Pumping Da                        |   |   |  |
|  |                               | Con                               | tractor   |   | ······································   |
| Maintainer MEY   | ER SEWER                      | MPCA Licens                       | e No. 915   | Telephone Number 65/-   | 459-016  |
| What was done to the system?   |                               |                                   | Report Liquid Capacity in Gallons   |   |  |
| ☑ Tank(s) Pumped   |                               |                                   | Tank 1: 1000 Pumped Tank 2: 1000 Pumped   |   |  |
| Sludge and scum measured.  |                               |                                   | Tank 3:   | Pumped Tank 4;  | Pumper   |
| Do tanks need to be pumped?  Yes No (If no provide measurements below) |                               |                                   | Total Gallons Pumped:   |   |  |
|  | note any problems with        |                                   |   | es not serve as a complian  | co inspection  |
|  | note thy problems with        | r the system,                     | NOTE. THIS GO   | es not serve as a complian  | ce mspection   |
|  |                               |                                   |   |   |  |
|  |                               |                                   | •   |   |  |
|  |                               |                                   |   |   |  |
|  |                               |                                   |   |   | ······   |
|  | *Tank Mea                     | surements-Use Or                  | ily If Tank(s) Were NO  | T Pumped  |  |
| Tank Length  | in. <b>X</b> Tank Width       | in. <b>X</b> Tank                 | Depth in. =   | Tank Volume (cubic inches)  |  |
| Tank Radius  | in. 🗶 Tank Radius             | in. <b>X</b> 3.14                 | 4 = Tank Volume (cul  | oic inches)   |  |
| Tank Volume (cu, in.)  | / 231.01                      | <ul><li>Liquid Capacity</li></ul> | Gallons /   | Tank Depth in. = Gallor   | ns/Inch  |
| Sludge Level   | in. X Gallons Per Inch        | = Sludge                          | Volume Gallo  | ons   | American services and an american and american and american and an american and american and american and american and american analysis and american an |
| Scum Level   | in. <b>X</b> Gallons Per Inch | = Scum V                          | olume Gallo   | ons   |  |
| Sludge Volume  | + Scum Volume                 | = Total SI                        | udge and Scum Volum   | e Gallons   |  |
| Total Sludge and Scu   | ım Volume                     | / Liquid Capacity                 | = Percent   | Sludge and Scum in Tank   | %  |
| Scum Layer   | -[,]                          |                                   |   | *Tanks must be pumped if<br>following conditions exist:<br>1. The top of the sludge lay | er is less than  |
| Effluent   |                               | fr                                | Tank Depth measured from invert of outlet pipe to bottom of tank  12 inches from the bottom of the outlet baffle; or 2. Total sludge and scum volume is greate than 25 percent of the tank's liquid |   |  |
| Sludge Layer   |                               |                                   |   | capacity.   |  |