

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 1419)	15th StC+	5		Telephone Number		
City Acton		State /// Z	IP 55001 Pro	operty ID No./GEO Code		
Owner Steve	Liszewsk!	Pumping Date				
		Contrac	· -/ -/ · -/ · -	······································		
Maintainer MEY	ER SEWER	MPCA License N	10. 915	Telephone Number 65/	459-0162	
	as done to the system?		Report Liquid Capacity in Gallons			
Tank(s) Pumped			Tank 1: 1000 Pumped Tank 2: 1000 Pumper			
Sludge and scum		Tank 3: Pumped Tank 4: Pumped				
Do tanks need to be pumped? Yes No (If no provide measurements below)			Total Gallons Pumped:			
Visual Inspection (note any problems with the system						
			V			
	*Tank Measu	rements-Use Only	If Tank(s) Were NO	T Pumped		
Tank Length	in. X Tank Width	in. X Tank De	pth in. =	Tank Volume (cubic inches)		
Tank Radius	in. 🗶 Tank Radius	in. X 3.14 =	= Tank Volume (cu	bic inches)		
Tank Volume (cu. in) / 231.01 =	Liquid Capacity	Gallons /	Tank Depth in. = Gallo	ns/Inch	
Sludge Level	in. X Gallons Per Inch	= Sludge Vo	lume Gallo	ons		
Scum Level	in. X Gallons Per Inch	= Scum Volu	ıme Gallo	ons		
Sludge Volume	+ Scum Volume	= Total Slud	ge and Scum Volum	e Gallons		
Total Sludge and Sc	um Volume / L	iquid Capacity	= Percent	Sludge and Scum in Tank	%	
Scum 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		
Effluent Sludge Layer		from	Depth measured invert of outlet to bottom of tank	volume is greati k's liquid		