

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

| . , | | | Sy | stem Loc | ation | | | | P-14-7-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
|---|---|--|--------------|---------------------------------------|--------------------------------------|-----------------|---|------------------|---|
| Address 1/460 Dowle Rel | | | | Telephone Number | | | | | |
| City Woodby | | | State | III ZIF | 6612 | g Prof | erty ID No./ | GEO Code | |
| Owner Peter | 100 | 2 | | ng Date | 11/18/ | / / | | ····· | |
| | | <i></i> | | Contract | or | 77 | | | |
| Maintainer MEY | ER S | SEWER | MPCA L | icense No | . 91 | 5 | Telephone | Number 65 | 1-459-016 |
| What was done to the system? | | | | Report Liquid Capacity in Gallons | | | | | |
| ☑ Tank(s) Pumped | | | | Tank 1: 2500 X Pumped Tank 2: Pumpery | | | | | |
| Sludge and scum measured. | | | | 1 | Tank 3: | 19 <i>000</i> 2 | Pumped | . | Pumped |
| Do tanks need to be pumped? | | | | ļ | _ | | | | |
| Yes No (If no provide measurements below) | | | | Total Gallons Pumped: 1500 | | | | | |
| Visual Inspection (| ; | NOTE: This does not serve as a compliance inspection | | | | | | | |
| | | | urements-Us | | | | | | |
| Tank Length | in. X | Tank Width | in. X | Tank Dep | th | in. = | Tank Volum | e (cubic inch | es) |
| Tank Radius | in. X | Tank Radius | ìn. X | 3.14 = | Tank Vol | ume (cubi | ic inches) | · | |
| Tank Volume (cu. in.) | | / 231.01 = | Liquid Capa | acity | (| Gallons / 1 | Tank Depth | in. = Gā | illons/Inch |
| Sludge Level | in. X | Gallons Per Inch | = Slo | udge Volu | ıme | Gallor | าร | | |
| Scum Level | in. X | Gallons Per Inch | ≖ Sc | um Volun | ne | Gallor | าร | | |
| Sludge Volume | | Scum Volume | = To | ital Sludge | e and Scur | — n Volume | | Gallons | |
| Total Sludge and Scu | m Volu | me/ | Liquid Capa | city | = | Percent S | ludge and S | - cum in Tank | % |
| , | *Tanks must be pumped following conditions exi 1. The top of the sludge | | | | st: | | | | |
| Scum Layer | | | | | | | 12 inches from the bottom of the outlet | | |
| Effluent | | | | from in | Depth meanvert of out to bottom o | ıtlet | baffle; or 2. Total sludge and scum volume is greate than 25 percent of the tank's liquid capacity. | | |
| Sludge Layer | | | | bybr (| | ., | | | |