

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT





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SSTS MAINTENANCE REPORT

System Location			
Address 20555 Ingersoll	AUR	N	Telephone Number
City FuresT Lake	State	ZIP P	roperty ID No./GEO Code
Owner Ben Winnik	Pumping D	ate //-23-1	5
Contractor			
Maintainer olsons sewer	MPCA Licen	se No.	Telephone Number 651-464-2086
What was done to the system?		Re	port Liquid Capacity in Gallons
 ▼Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements be 	low)	Tank 3:	Pumped Tank 2: Pumped Pumped Tank 4: Pumped pumped: 2486
Visual Inspection (note any problems with the	system):	NOTE: This o	loes not serve as a compliance inspection.
*Tank Measurements-Use 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 Capacity Gallons / Tank Depth in. = Gallons/Inch			
Sludge Level in. X Gallons Per Inch = Sludge Volume Gallons			
Scum Level in. X Gallons Per Inch = Scum Volume Gallons			
Sludge Volume + Scum Volume	= Total SI	udge and Scum Volur	ne Gallons
Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank %			
Scum Layer Effluent Sludge Layer	fro	nk Depth measured om invert of outlet pe to bottom of tank	*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 1 111-	Date	1117-1	Reset Form