

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

| | | Syst | em Location | 19-10-20-10-2 | | |
|------------------------------------------------------------------------|-----------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| Address 4009 | Icheal Ave | 1 | | Telephone Number | | |
| City Lake E | Tino | State M | 1 ZIP 55042 Pr | operty ID No./GEO Code | | |
| Owner Richa | nd Walsh | Pumping | | | kanangan dipanangan dipanangan dipanangan dipanangan dipanangan dipanangan dipanangan dipanangan dipanangan di | |
| | | | ontractor | | | |
| Maintainer MEY | ER SEWER | MPCA Lice | ense No. 915 | Telephone Number 65/- | 459-016 | |
| What was done to the system? | | | Report Liquid Capacity in Gallons | | | |
| 🔀 Tank(s) Pumped | | | Tank 1: 1000 ArPumped Tank 2: 1000 Prumper | | | |
| Sludge and scum measured. | | | Tank 3: Pumped Tank 4: Pumped | | | |
| Do tanks need to be pumped? Yes No (If no provide measurements below) | | | Total Gallons Pumped: | | | |
| | | | <u> </u> | | | |
| visual inspection | (note any problems w | ith the system); | NOTE: This do | oes not serve as a complian | ce inspectior | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | *Tank M | eacurements like | Only If Tank(s) Were NO | TPumped | | |
| T | | | | | | |
| Tank Length | in. X Tank Width | in. X Ta | ink Depth in. = | : Tank Volume (cubic inches) | | |
| Tank Radius | in. 🗶 Tank Radius | in. X 3 | .14 = Tank Volume (cu | bic inches) | | |
| Tank Volume (cu. in. |) / 231.0 | 1 = Liquid Capac | city Gallons / | Tank Depth in. = Gallo | ns/Inch | |
| Sludge Level | in. X Gallons Per In- | ch = Sluc | ige Volume Gall | ons | | |
| Scum Level | in. X Gallons Per In | ch = Scur | m Volume Gall | ons | | |
| Sludge Volunie | + Scum Volume | = Tota | al Sludge and Scum Volun | ne Gallons | | |
| Total Sludge and Sc | um Volume | / Liquid Capaci | ty = Percen | : Sludge and Scum in Tank | % | |
| | | | | *Tanks must be pumped if either of the following conditions exist: 1. The top of the sludge layer is less than | | |
| Scum Layer | | | white the second section of the section | 12 inches from the botton | | |
| Effluent | | | Tank Depth measured from invert of outlet pipe to bottom of tank | baffle; or 2. Total sludge and scum volume is greate than 25 percent of the tank's liquid | | |
| Sludge Layer | | | pipe to sottom or tom | capacity. | | |