

Signatura

DELAKIMENT OF BORFIC HEALTH AND ENVIKONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

		Syst	em Location			
Address 1380	Orwell fre	1		Telephone Number		
City Still was	ter	State	11/ZIP 55082, Pro	pperty ID No./GEO Code		
Owner Auna	Spah	Pumping	Date 10/21/15	•		
	-/	C	ontractor			
Maintainer MEY	ER SEWER	MPCA Lic	ense No. 915	Telephone Number 65/-	459-016.	
What was done to the system?			Report Liquid Capacity in Gallons			
Tank(s) Pumped			Tank 1: /500 Pumped Tank 2: /000 Pumped			
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: 2500			
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspec						
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	*Tank Mea	surements-Use	Only If Tank(s) Were NO	T Pumped		
Tank Length	in. X Tank Width	in. X Ta	ank Depth in. =	Tank Volume (cubic inches)		
Tank Radius	in. X Tank Radius	in. X 3	3.14 = Tank Volume (cu	bic inches)		
Tank Volume (cu, in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons / Inch						
Sludge Level	in. X Gallons Per Inch	= Sluc	dge Volume Gallo	ons		
Scum Level	in. X Gallons Per Inch	= Scu	m Volume Galle	ons		
Sludge Volume	— → Scum Volume	= Tot:	al Sludge and Scum Volum	.e. Gallons		
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Total Sludge and Sc	um Volume	/ Liquid Capaci	ty = Percent	Sludge and Scum in Tank		
		F		*Tanks must be pumped if	either of the	
		L		following conditions exist: 1. The top of the sludge lay	er is less than	
Scum Layer				12 inches from the bottom		
Effluent			Tank Depth measured	baffle; or. 2. Total sludge and scum volume is greater		
			from invert of outlet pipe to bottom of tank	than 25 percent of the tank's liquid		
Sludge Layer			1 de - 11 de - 11 de 11	capacity.		

Reset Form