

## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

**GOVERNMENT CENTER** 

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## SSTS MAINTENANCE REPORT

			Sys	tem Locati	on				
Address 12252 St Cross TrS				Telephone Number					
City Hastings State MI ZIP 55033 Property ID No./GEO Code									
Owner Ock	Kh	m	Pumpin	g Date /S	<del></del>				
		T1-11-11-11-11-11-11-11-11-11-11-11-11-1	(	Contractor					
Maintainer MEY	ER .	SEWER	MPCA Li	cense No.	915	Telephone	Number 65/-	459-0162	
What was done to the system?					Report Liquid Capacity in Gallons				
Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements below)				Tank 1: /soo / Pumped Tank 2: Pumped Tank 3: Pumped Tank 4: Pumped Total Gallons Pumped: // / / / / / / / / / / / / / / / / /					
Visual Inspection	(note a	ny problems with	the system):		NOTE: This o	loes not servi	e as a compliand	ce inspectior	
Tank Length	in. X	*Tank Measo		<b>e Only If Ta</b> ank Depth	ink(s) Were N	· · · · · · · · · · · · · · · · · · ·	ne (cubic inches)		
Tank Radius	in. X	Tank Radius	in. X	3.14 = T	ank Volume (c	ubic inches)			
Tank Volume (cu, in	.)	/ 231.01 =	Liquid Capa	acity	Gallons	/ Tank Depth	in. = Gallor	is/Inch	
Sludge Level	in. <b>X</b>	Gallons Per Inch	= Slu	ıdge Volum	e Ga	llons	—— <i>(</i> -		
Scum Level	in. X	Gallons Per Inch	= Sci	um Volume	Ga	llons			
Sludge Volume	+	Scum Volume	= To	tal Sludge a	nd Scum Volu	me	Gallons		
Total Sludge and Sc	um Volu	me /	Liquid Capac	city	= Percer	nt Sludge and S	Scum in Tank	% 	
Scum Layer Effluent Sludge Layer				from inv	oth measured ert of outlet oottom of tank	following 1. The top 12 inches baffle; or 2. Total sl	ust be pumped if conditions exist: of the sludge lay from the bottom udge and scum veercent of the tank	rer is less than of the outlet	