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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

,		System	ocation			
Address 12770 40th StS			Telephone Number			
City Afton State My ZIP Soe Property ID No./GEO Code						
Owner Roger	John	Pumping Dat				,
		Conti	ractor	<u> </u>		
Maintainer MEYE	R SEWER	MPCA License	No. 915	Telephone l	Number 651-4	159-016.
What wa	s done to the system?		Report Liquid Capacity in Gallons			
Tank(s) Pumped			Tank 1: 1500	Pumped	Tank 2:	Pumped
Sludge and scum measured.			Tank 3:		Tank 4:	Pumped
Do tanks need to b	be pumped?		<u></u>			
Yes No	(If no provide measurements	below)	Total Gallons Pur	nped: / <i>Sco</i>	0	
Visual Inspection (r	note any problems with th	he system):	NOTE: This d	oes not serve	as a compliance	e inspection.
	*Tank Measu	rements-Use On	y If Tank(s) Were NO	OT Pumped		
Tank Length	in. X Tank Width	in. X Tank l	Depth in. :	= Tank Volum	e (cubic inches)	
Tank Radius	in. X Tank Radius	in. X 3.14	= Tank Volume (co	ubic inches)		
Tank Volume (cu. in.)	/ 231.01 =	Liquid Capacity	Gallons	Tank Depth	in. = Gallons	/inch
Sludge Level	in. X Gallons Per Inch	= Sludge	Volume Gal	lons		
Scum Level	in. X Gallons Per Inch = Scum Volume Gallons					
Sludge Volume	+ Scum Volume	= Total Slu	udge and Scum Volur	ne	Gallons	
Total Sludge and Scu	ım Volume / I	Liquid Capacity	= Percen	t Sludge and S	cum in Tank	%
Scum Layer Effluent Sludge Layer		frc	nk Depth measured om invert of outlet be to bottom of tank	following 1. The top 12 inches baffle; or 2. Total slu	ist be pumped if e conditions exist: of the sludge laye from the bottom o idge and scum vo ercent of the tank'	er is less than of the outlet lume is greate

Data

Reset Form