

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

	A	System Lo	cation	
Address 107	- Grayloras		Telephone Number	
	age Trove	State MNZ	1955016P	roperty ID No./GEO Code
Owner Ea	Frandrup	Pumping Date	10/22/	
Contractor				
Maintainer MEY	er sewer	MPCA License N	0. 915	Telephone Number 651-457-0162
What wa	s done to the system?		Re	oort Liquid Capacity in Gallons
Tank(s) Pumped			Tank 1: /200	Dumped Tank 2: Pumpec
Sludge and scum Do tanks need to		ļ	Tank 3:	Pumped Tank 4; Pumper
	of homped: (If no provide measurements)	below)	Total Gallons Pur	nped:
	note any problems with th	·	NOTE: This d	oes not serve as a compliance inspection
	*Tank Measure	ements-Use Only I	f Tank(s) Were NC	OT Pumped
Tank Length	in. X Tank Width	in. X Tank Dep	oth in. =	Tank Volume (cubic inches)
Tank Radius	in. X Tank Radius	in. X 3.14 =	Tank Volume (co	rbic inches)
Tank Volume (cu. in.)	/ 231.01 = 1	iquid Capacity	Gallons	Tank Depth in. = Gallons/Inch
Sludge Level	in. X Gallons Per Inch	= Sludge Vol	ume Gal	ions
Scum Level	in. X Gailons Per Inch = Scum Volume Gallons			
Sludge Volume	+ Scum Volume	= Total Sludg	je and Scum Volun	ne Gallons
Total Sludge and Scu	m Volume / Li	quid Capacity	= Percen	t Sludge and Scum in Tank %
Scum Layer Effluent Sludge Layer		from	Depth measured invert of outlet 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 greate than 25 percent of the tank's liquid capacity.