

Signature W

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 Location					
Address 1632	O Upper à	·	?	Telephone Number	
·	K BEach		7 ZIP 55043 PI	operty ID No./GEO Code	
Owner Bob	Higha	Pumping Da	1 1		
Contractor					
Maintainer MEYE	RSEWER	MPCA Licens	e No. 915	Telephone Number 65/-4	159-016.
What was done to the system?			Report Liquid Capacity in Gallons		
Tank(s) Pumped 2 Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements below)			Tank 1: Pumped Tank 2: Pumped Tank 3: Pumped Tank 4: Pumped Total Gallons Pumped: 2000		
Visual inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.					
	*Tank Mea	surements-Use On	nly If Tank(s) Were N	OT Pumped	
Tank Length	in. X Tank Width	in. X Tank	· · · · · · · · · · · · · · · · · · ·	= Tank Volume (cubic inches)	
Tank Radius	in. X Tank Radius		4 = Tank Volume (c		
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 V	/olume Gal	lons	
Sludge Volume	+ Scum Volume	= Total SI	 ludge and Scum Volui	ne Gallons	
Total Sludge and Scu	m Volume	Liquid Capacity	= Percer	t Sludge and Scum in Tank	%
Scum Layer Effluent Sludge Layer		fr	ank Depth measured om invert of outlet ipe to bottom of tank	*Tanks must be pumped if e following conditions exist: 1. The top of the sludge laye 12 inches from the bottom of baffle; or 2. Total sludge and scum volthan 25 percent of the tank's capacity.	r is less than of the outlet lume is greater

Date 9/28/15

Reset Form