

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 1440 Mannu	a Ave	S.	Telephone Number
City 11 Todhury State ZIP S57 2 Groperty ID No./GEO Code			
Owner Frank Radich entering Date 7/14/16			
Contractor			
Maintainer Boss Pumping	MPCA License No.	1945	Telephone Number (651) 466-0800
What was done to the system? Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements by Visual Inspection (note any problems with the	elow)	Fank 1: /() (5)	Pumped Tank 2: //// Pumped Pumped Tank 4: Pumped Pumped Tank 4: Pumped P
*Tank Measure Tank Length in. X Tank Width	ments-Use Only If in. X Tank Dept	THE BUILDING MAKES IN A STREET	Pumped Tank Volume (cubic inches)
Tank Radius in. X Tank Radius in. X 3.14 = Tank Volume (cubic inches)			
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons / Inch			
Sludge Level in. X Gallons Per Inch	= Sludge Volu	me Gallon	S
Scum Level in. X Gallons Per Inch	= Scum Volum	ne Gallon	S
Sludge Volume + Scum Volume = Total Sludge and Scum Volume Gallons			
Total Sludge and Scum Volume // Li	quid Capacity	= Percent S	ludge and Scum in Tank
Scum Layer Effluent Sludge Layer	_ from i	Depth measured nvert of outlet o 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 great than 25 percent of the tank's liquid capacity.
Signature A	Date	7-14-1	Reset Form