

## 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

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System Location			
Address 22879 I	imperial.	100	Telephone Number
City Porgs La	ke State	ZIP Prope	erty ID No./GEO Code
Owner Dussell McDary Pumping Date 7/25/16			
Contractor			
Maintainer Boss Pumping	MPCA Licer	nse No. 1945	Telephone Number (651) 466-0800
What was done to the system?    Pank(s) Pumped   Tank 2:   Pumped   Tank 2:   Pumped   Tank 3:   Pumped   Pumped   Pumped   Tank 4:   Pumped   Total Gallons Pumped:   Total Gallons P			
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.			
	*Tank Measurements-Use (	Only If Tank(s) Were NOT	Pumped
Tank Volume (cubic inches)			
Tank Length III. X Tank Width			
Tank Radius in. <b>X</b> Tank Radius in. <b>X</b> 3.14 = Tank Volume (cubic inches)			
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons / Inch in.			
Sludge Level in. <b>X</b> Gallons Per Inch = Sludge Volume Gallons			
Scum Level in. <b>X</b> Gallons Per Inch = Scum Volume Gallons			
Sludge Volume + Scum Volume = Total Sludge and Scum Volume Gallons			
Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank %			
Scum Layer  Effluent  Sludge Layer		Tank Depth measured from invert of outlet pipe 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.
Signature	)	Date 7751	Réset Form