

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

the state of the s
Address 23784 IN was ALENUE North Telephone Number 651-885-6
City Forest lake State mw ZIP 5-5015 Property ID No./GEO Code
Owner Patricia Strot Pumping Date 8-17.15
And the second s
Maintainer 0150N'S Sower Service MPCA License No. Telephone Number 651.
Tank(s) Pumped ☐ Sludge and scum measured. ☐ Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements below) ☐ Tank 1: 1500 ☐ Pumped ☐ Yes ☐ Pumped ☐ Tank 4: ☐ Pumped ☐ Tank 4: ☐ Pumped ☐ Total Gallons Pumped: ☐ 155
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspect
Tank Length in. X Tank Width in. X Tank Depth in. = 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 Volume Gallons
Scum Level in. X 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 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 greated than 25 percent of the tank's liquid capacity.
Signature Date 8-17-15