

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	1		
Address 1298	D Ingerso	el Ave.	Т	elephone Number	
City HISAN	30 J. ap. 30	State ZIP	Prope	rty ID No./GEO Code	
Owner Bob	Olson	Pumping Date 9	115/16		
Wile 1206	013011	Contractor	1.01	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (
Maintainer Boss Pum	ping	MPCA License No. 19	45 T	elephone Number	(651) 466-0800
What wa	s done to the system?	177	Report	Liquid Capacity in G	allons'
Tank(s) Pumped	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Tan	k1:	Pumped Tank 2:	Pumped
Sludge and scum	measured.	Tan	k 3:	Pumped Tank 4:	Pumped
Do tanks need to	700 1 000 F 1000 F 1000 F 100	Total	al Gallons Pumpe	d: 2000 —	
	(If no provide measurements b	Jelow)			liance inspection
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.					
			*)		
	*Tank Measur	ements-Use Only If Tai	nk(s) Were NOT I	Pumped	
Tank Length	in. X Tank Width	in. X Tank Depth	in. =	Tank Volume (cubic inc	ches)
Tank Radius	in. X Tank Radius	in. X 3.14 = Ta	ınk Volume (cubi	c inches)	
Tank Volume (cu. in.)	/ 231.01 =	 Liquid Capacity 	Gallons / T	ank Depthin. =	Gallons/Inch
Sludge Level	in. X Gallons Per Inch	= Sludge Volume	Gallon	s	
Scum Level	in. X Gallons Per Inch	= Scum Volume	Gallon	s	
Sludge Volume	+ Scum Volume	 Total Sludge ar	nd Scum Volume	Gallons	
		iquid Capacity		udge and Scum in Tar	ık %
Total Sludge and Scu	um volume / L	iquid Capacity 			
				*Tanks must be pum	
	gran annual annu	Company Day		following conditions 1. The top of the sluce	exist: Ige laver is less than
Scum Layer	-1			12 inches from the b	ottom of the outlet
		Tank Der	th measured	baffle; or	aum valuma is arest
Effluent		from inve	ert of outlet	2. Total sludge and s than 25 percent of th	cum volume is great ne tank's liquid
Cludes Laves		pipe to b	ottom of tank	capacity.	e essent for later transfer of the first h
Sludge Layer					
		STORES STORES			
Signature (Date	Q-15-H		Reset Form