

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

					*	Mr. 3
System Location						
Address 15240 Oakhill Rd			Telephone	Number	(651) 75	55-8921
City Scandia	State Mn	ZIP 55074	Property ID No./	GEO Code		
Owner Ann Barkley	Pumping Da	ate Oct 17, 2017				, , , , ,
Contractor						
Maintainer Row Sewer Service	MPCA License No. L3309		Telephone	Number	(651) 4	65-5505
What was done to the system?			Report Liquid Ca	pacity in G	illons	
☐ Tank(s) Pumped ☐ Sludge and scum measured. Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements be	elow)	L	☐ Pumped☐ ☐ PumpedPumped: 1,250	Tank 2: Tank 4:		Pumped Pumped
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 Length in. 🗶 Tank Width	in. X Tank	Depth i	n. = Tank Volun	ne (cubic inc	nes)	
Tank Radius in. X Tank Radius	in. X 3.1 4	4 = Tank Volume	e (cubic inches)			
Tank Volume (cu. in.) / 231.01 = Li	quid Capacity	Gallo	ons / Tank Depth	in. = G	 allons/in	ich
Sludge Level in. X Gallons Per Inch	= Sludge	Volume	Gallons			
Scum Level in. X Gallons Per Inch	= Scum V	olume	Gallons			
Sludge Volume + Scum Volume	= Total S	udge and Scum Vo	olume	Gallons		
Total Sludge and Scum Volume / Liq	uid Capacity	= Per	cent Sludge and S	– Scum in Tank		% —
Scum Layer Effluent Sludge Layer	fr	ank Depth measure om invert of outlet pe to bottom of ta	following 1. The top 12 inches baffle; or 2. Total sli	ust be pump conditions e of the sludg from the bot udge and scu ercent of the	xist: e layer is ttom of t um volun	i less than he outlet ne is greater
Signatura	Date		Oct 17, 2017	Pa	set Form	