

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

| | - Systemi. | ocation | | |
|--|----------------------|--------------------------------|---|------------------------------|
| Address 13840 238th stn 236Thst N | | | Telephone Number | -{ 651} 238-907 4 |
| City Scandia | State mn | ZIP 55073 | Property ID No./GEO Code | 612 655 9788 |
| Owner steven heutmaker | Pumping Date | Aug 21, 2018 | | |
| | Contra | ictor | | |
| Maintainer row sewer | MPCA License | No. 13309 | Telephone Number | (651) 465-5505 |
| What was done to the system? | | | Report Figure Capacity in C | allons |
| ☐ Tank(s) Pumped | | Tank 1: 1,200 | ▼ Pumped Tank 2: | Pumped |
| Sludge and scum measured. | | Tank 3: | Pumped Tank 4: | Pumped |
| Do tanks need to be pumped? Yes No (If no provide measurements be | dow) | Total Gallons F | | |
| Visual Inspection (note any problems with the | | <u> </u> | | |
| risda inspection (note any problems with the | system): | NOTE: This | s does not serve as a comp | oliance inspection. |
| | | | | |
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| | | | | |
| Fina Cariner | | la Emité Mese | N97@comped | |
| Tank Length in. X Tank Width | in. X Tank De | pthin. | . = Tank Volume (cubic incl | nes) |
| 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 Vol | ume G | allons | - |
| Scurn Level in. X Gallons Per Inch = Scurn Volume Gailons | | | | |
| Sludge Volume + Scum Volume | = Total Sludg | ge and Scum Volu | ume Gallons | |
| Total Sludge and Scum Volume / Liqui | id Capacity | = Perce | ent Sludge and Scum in Tank | % |
| | | | *Tanks must be pumpe following conditions ex 1. The top of the sludge | dst: |
| Scum Layer | | | 12 inches from the bott | |
| Effluent | | Depth measured nvert of outlet | baffle; or 2. Total sludge and scul | m volume is greater |
| Sludge Layer | | o bottom of tani | than 25 percent of the t | |
| | | | capacity. | |
| | | | | |
| Signature / //// | Date | 82118 | Resi | et Form |