

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

System:Location System:Location		
Address 8163 113th 5:45	Tele	ohone Number
Address 8/63 1/3th 5:45. City Cottage Grove	State MN ZIP SSOLG Property I	D No./GEO Code
Owner Dorie Ince	Pumping Date 12/12/14	
	Contractor	
Maintainer MEYER SEWER		phone Number 651-459-0162
What was done to the system?		uid Capacity in Gallons
Tank(s) Pumped	700	mped Tank 2: Pumped
Sludge and scum measured. Do tanks need to be pumped?	Tank 3: Pui	mped Tank 4: Pumped
Yes No (If no provide measurements b	nelow) Total Gallons Pumped:	1300
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. 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 inc	hes)
- Calleng/lack		
Tank Volume (cu. in.) / 231.01 = L	· · · · · · · · · · · · · · · · · · ·	
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 / Li	quid Capacity = Percent Sludge	e and Scum in Tank %
		inks must be pumped if either of the
	foll	owing conditions exist: The top of the sludge layer is less than
Scum Layer		inches from the bottom of the outlet
Effluent	rank Depth measured	ffle; or Fotal sludge and scum volume is greater
	nine to bottom of tank tha	n 25 percent of the tank's liquid
Sludge Layer	car	pacity.
Signature /	Date 12/12/14	Reset Form