

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 L	ocation	
Address 12921 Pt Doubles 1	Dr 5		Telephone Number
City Hughhars	State MN	ZIP <i>55037</i> Pro	perty ID No./GEO Code
Owner Dave Crsixwaler	Pumping Date	Thehe	
	Contra	ictor	
Maintainer MEYER SEWER	MPCA License I	No. 915	Telephone Number 651-459-016
What was done to the system? Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements	below)	Tank 1: /2005 Tank 3: [Total Gallons Pump	Pumped Tank 4: Pumped Pumped Tank 4: Pumped Pumped Tank 4: Pumped
Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection.			
		4	
*Tank Measur	ements-Use Only	If Tank(s) Were NOT	Pumped
Tank Length in. X Tank Width	in. X Tank De		Tank Volume (cubic inches)
Tank Radius in. X Tank Radius		Tank Volume (cub	
Tank Volume (cu. in.) / 231.01 =	Liquid Capacity —	Gallons / T	Tank Depth in. = Gallons/Inch
Sludge Level in. X Gallons Per Inch	= Sludge Vo	olume Galloi	ns
Scum Level in. X Gallons Per Inch	= Scum Volu	ume Galloi	ns
Sludge Volume + Scum Volume	= Total Slud	ge and Scum Volume	Gallons
Total Sludge and Scum Volume / L	iquid Capacity	= Percent S	Sludge and Scum in Tank%
Scum Layer Effluent Sludge Layer	from	Depth measured invert of outlet 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 greater than 25 percent of the tank's liquid capacity.
Signature Class	Date	y/17/15	Reset Form