

## DELAKIWENT OF LARFIC HEALTH AND FUNIKONWENT

GOVERNMENT CENTER

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## SSTS MAINTENANCE REPORT

System Location System Location									
Address <b>6483</b>	Ci	acklebe		Ral/			elephone i	Number	
City Woodbo	IRY		State	MN ZIP	55129	' Prope	rty ID No./C	GEO Code	-
Owner Milce	Sin	notet		ng Date /	0/23/	15-		· · · · · · · · · · · · · · · · · · ·	
Contractor									
Maintainer MEYE	R SE	WER	MPCA L	icense No.	915	Т	elephone N	Number 65/-	459-016
What was done to the system?				Report Liquid Capacity in Gallons					
Tank(s) Pumped Sludge and scum r Do tanks need to b Yes No Visual Inspection (r	oe pumpe (If no prov	ide measuremei			Tank 3:	S Pumpeo	Pumped d: <u>L</u> OC		Pumped
Tackdarak			surements-U	*	· · · · · · · · · · · · · · · · · · ·		<del></del>		
Tank Length	in. X ia	ank Width	in. <b>X</b>	Tank Depti	h i	in. = Ta	ank Volume	e (cubic inches)	
Tank Radius	in. <b>X</b> Ta	ank Radius	in. <b>X</b>	3.14 =	Tank Volum	ne (cubic	inches) 		
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons/Inch									
Sludge Level	in. <b>X</b> Ga	– Illons Per Inch	= Sle	 udge Volur	me	Gallons	<del></del>	<del></del>	<del></del>
Scum Level	in. <b>X</b> Ga	illons Per Inch	= Sc	:um Volum	<del></del>	Gallons			
Sludge Volume	+ Sc 	um Volume 	= To	otal Sludge	and Scum V	olume	~~~~	Gallons	
Total Sludge and Scur	n Volume	/	Liquid Capa	city	= Per	rcent Slu	dge and Sc	um in Tank	%
Scum Layer  Effluent  Sludge Layer				from in	epth measur vert of outlet bottom of ta	ed t	following co 1. The top o 12 inches fr baffle; or 2. Total sluc	onditions exist: of the sludge layer om the bottom dge and scum vo	er is less than of the outlet olume is greate: