

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

System Location				
Address 291 Quant Count	1)	······································	Telephone Number	,
City Laker lamel	State MN ZIF	55043 Prop	erty ID No./GEO Code	
Owner John Danis/Son Pumping Date/0///5				
Contractor				
Maintainer MEYER SEWER	MPCA License No	915	Telephone Number 651-45	9-016
What was done to the system?		Repor	t Liquid Capacity in Gallons	
Tank(s) Pumped 2 Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements to		Tank 1: <u>/250</u> Æ Tank 3:	Pumped Tank 2: 1250 Pumped 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. X Tank Width	in, X Tank Dep		Fank Volume (cubic inches)	
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 Volu	ime Gallon	5	
Scum Level in. X Gallons Per Inch	= Scum Volun	ne Gallon:	5	
Sludge Volume + Scum Volume	 Total Sludge	e and Scum Volume	Gallons	
Total Sludge and Scum Volume / Li	quid Capacity	= Percent Sl	udge and Scum in Tank	%
Scum Layer Effluent Sludge Layer	from in	Depth measured nvert of outlet o bottom of tank	*Tanks must be pumped if eithe following conditions exist: 1. The top of the sludge layer is I 12 inches from the bottom of the baffle; or 2. Total sludge and scum volume than 25 percent of the tank's liquid capacity.	less than e outlet e is greater
Signature W	Date /	10/1/13	Reset Form	