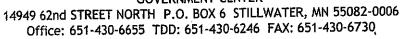


DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER





SSTS MAINTENANCE REPORT

System Location		
Address 10982 218th Street	North	Telephone Number 65/ 485- 1057
City Scandia	State MN ZIP 55073 Pro	perty ID No./GEO Code
Owner Kelly & tom fitz morns	Pumping Date 1/- 25- 15	
Contractor		
Maintainer O/Son's Sewesservice	MPCA License No.	Telephone Number 65/464-2082
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 believed)	Tank 1: /SOC) Tank 3: Total Gallons Pum	ort Liquid Capacity in Gallons Pumped Tank 2: Pumped Pumped Tank 4: Pumped ped: 1479 es not serve as a compliance inspection.
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 inches)		
Tank Volume (cu. in.) / 231.01 = Liquid Capacity Gallons / Tank Depth in. = Gallons / Inch		
Sludge Level in. X Gallons Per Inch	= Sludge Volume Galle	ons
Scum Level in. X Gallons Per Inch = Scum Volume Gallons		
Sludge Volume + Scum Volume	= Total Sludge and Scum Volum	e Gallons
	uid Capacity = Percent	Sludge and Scum in Tank %
Scum Layer Effluent	Tank Depth measured from invert of outlet pipe 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.
Sludge Layer		