

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 Location							
Address 4411 Oxbors Asocla	1 Oxbow Cincle 5			Telephone Number			
City Aftern	State M N	^{ZIP} S 500/	Propert	ty ID No.	/GEO Code		
Owner Kathy Gard	Pumping Date	~ / /	5				
Contractor							
Maintainer MEYER SEWER	MPCA License	No. 915	Te	lephone	Number 657	-459-0162	
What was done to the system?			Report I	iquid C	apacity in Gallo	ns	
Tank(s) Pumped / Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements be	elow)	Tank 1: //a Tank 3: Total Gallor	ns Pumped	Pumped	Tank 4:	Pumped Pumped	
Visual Inspection (note any problems with the	system):	NOTE: T	his does r	not serv	e as a complia	nce inspection.	
*Tank Measurements-Use Only If Tank(s) Were NOT Pumped							
Tank Length in. X Tank Width	in. X Tank (Depth	in. = Tā	ink Volui	me (cubic inches	5)	
Tank Radius in. X Tank Radius	in. X 3.14	= Tank Volu	me (cubic i	inches)			
Tank Volume (cu. in.) / 231.01 = Li	quid Capacity	Ga	allons / Tar	nk Depth	in, = Gall	ons/Inch	
Sludge Level in. X Gallons Per Inch	= Sludge	Volume	Gallons				
Scum Level in. X Gallons Per Inch	= Scum V	olume	Gallons				
Sludge Volume + Scum Volume	= Total Sl	udge and Scum	· Volume		Gallons		
Total Sludge and Scum Volume / Lie	quid Capacity	= f	ercent Slu	dge and	Scum in Tank	%	
Scum Layer Effluent Sludge Layer	fro	ink Depth meas om invert of ou pe to bottom o	sured tlet	following 1. The to 12 inche baffle; o 2. Total s	s from the botto r sludge and scun percent of the ta	st: layer is less than om of the outlet o volume is greater	
Signature /	Date	8/20	1/15	- [Rese	t Form	