

## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

**GOVERNMENT CENTER** 

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## SSTS MAINTENANCE REPORT

System Location

Address 300	Overan Ave	S		Telephone Number	<del></del>
City Lakely	<i>y</i>		ZIP 55043 Pro	operty ID No./GEO Code	
Owner Tim K	ade	Pumping Date	11/3/15		
		Contra	ictor		
Maintainer MEY	ER SEWER	MPCA License I	No. 915	Telephone Number 65	1-459-0162
What was done to the system?			Report Liquid Capacity in Gallons		
Tank(s) Pumped Sludge and scum measured. Do tanks need to be pumped? Yes No (If no provide measurements below)			Tank 1: /200 Tank 3: Total Gallons Pum	Pumped Tank 2:  Pumped Tank 4:  ped: 1200	Pumpecy
Visual Inspection (	note any problems with th	e system):	NOTE: This do	es not serve as a compli	ance inspection
Tank Longth	**************************************		r If Tank(s) Were NO	,	a)
Tank Length	in. X Tank Width	in. <b>X</b> Tank De	epth in. =	Tank Volume (cubic inche	s)
Tank Radius	in. <b>X</b> Tank Radius	in. <b>X 3.14</b>	= Tank Volume (cu	bic inches)	
Tank Volume (cu. in.)	/ 231.01 =	Liquid Capacity	Gallons /	Tank Depth in. = Gal	lons/Inch
Sludge Level	in. <b>X</b> Gallons Per Inch	= Sludge Vo	olume Galle	ons	
Scum Level	in. X Gallons Per Inch	= Scum Vol	ume Galk	ons	
Sludge Volume	+ Scum Volume	= Total Sluc	dge and Scum Volum	e Gallons	
Total Sludge and Scu	ım Volume / L	iquid Capacity	= Percent	Sludge and Scum in Tank	%
Scum Layer Effluent		fron	k Depth measured n invert of outlet e to bottom of tank	*Tanks must be pumped following conditions exist. The top of the sludge 12 inches from the botto baffle; or 2. Total sludge and scunthan 25 percent of the top to the sum than 25 percent of the top to the sum than 25 percent of the sum th	ist: layer is less than orn of the outlet n volume is greate