

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

System Location	
Address 6540 Orchand Ridge	TRG! Telephone Number
	NN ZIP55/29 Property ID No./GEO Code
	ig Date 8/17/15
	Contractor
Maintainer MEYER SEWER MPCALIC	icense No. 915 Telephone Number 651-459-0163
What was done to the system?	Report Liquid Capacity in Gallons
Tank(s) Pumped	Tank 1: 1250 Pumped Tank 2: 1250 Pumped
Sludge and scum measured.	Tank 3: Pumped Tank 4: Pumped
Do tanks need to be pumped?	Total Gallons Pumped: 2500
Yes No (If no provide measurements below)	
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)
	3.14 = Tank Volume (cubic inches)
College / Took Donth in - Gallons/Inch	
Tank Volume (cu. in.)	acity Gallons / Tank Depth in. = Gallons / Inch
Sludge Level in. X Gallons Per Inch = Slu	udge Volume Gallons
Scum Level in. X Gallons Per Inch = Scu	cum Volume Gallons
Sludge Volume + Scum Volume = To	otal Sludge and Scum Volume Gallons
Total Sludge and Scum Volume / Liquid Capac	<u> </u>
	*Tanks must be pumped if either of the following conditions exist:
	1. The top of the sludge layer is less than
Scum Layer	12 inches from the bottom of the outlet baffle; or
Effluent	2. Total sludge and scum volume is greate
Sludge Layer	pipe to bottom of tank than 25 percent of the tank's liquid capacity.
Sludge Layer	
Signature /	Date 8/17/15 Reset Form