

Signature

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

•	System Location		
Address \$796 Washlove Court		Telepho	ne Number
City Warmalby i	State MU ZIP 55/2	9 Property ID N	o./GEO Code
Owner Jeff Sulaborne	Pumping Date 9/30	15	
	Contractor		
Maintainer MEYER SEWER	MPCA License No. 91	5 Telepho	ne Number 651-459-016
What was done to the system?		Report Liquid	Capacity in Gallons
Tank(s) Pumped	Tank 1:	1200 A Pumpe	ed Tank 2: Pumped
Sludge and scum measured. Do tanks need to be pumped?	Tank 3:	Pumpe	ed Tank 4: Pumped
Yes No (If no provide measurements b	elow) Total Ga	llons Pumped: /d	200
Visual Inspection (note any problems with the	system): NOTE	: This does not se	rve as a compliance inspection.
		RE(CEVED
	· •	y•	N 0 5 2016
		DIR	IC HEALTH
*Tank Measure	ments-Use Only If Tank(s)		
	in. X Tank Depth		ume (cubic inches)
Tank Length in. X Tank Width			
Tank Radius in. X Tank Radius	in. X 3.14 = Tank Vo -	olume (cubic inches)	
Tank Volume (cu. in.) / 231.01 = L	iquid Capacity	Gallons / Tank Dep	th in. = Gallons/Inch
Sludge Level in. X Gallons Per Inch	= Sludge Volume	Gallons	
Scum Level in. X Gallons Per Inch	= Scum Volume	Gallons	
Sludge Volume + Scum Volume	= Total Sludge and Sci	 um Valume	Gallons
			d Scum in Tank %
Total Sludge and Scum Volume / Lie	quid Capacity	 Percent Sludge an 	d Scum in Tank
	П		must be pumped if either of the ng conditions exist:
		1. The 1	top of the sludge layer is less than
Scum Layer T		haffle:	nes from the bottom of the outlet or
Effluent	Tank Depth me from invert of	easureu 2. Tota	o. I sludge and scum volume is greate 5 percent of the tank's liquid
Sludge Layer	pipe to bottom	n of tank than 2: capacit	
	se process company and		
	S -1-1		Reset Form
Signature	Date		(100001 0111)

Date