

Signature

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

System Location

Address 22570 manning tr			Telephone Number	6514332422
City Scandia	State MN Z	ZIP 55073	Property ID No./GEO Code	and the second s
Owner john rapheal	Pumping Date 3/17/2020			
Contractor				
Maintainer row sewer service	MPCA License N	No. L3309	Telephone Number	6514655505
What was done to the system?		R	eport Liquid Capacity in Ga	allons
▼ Tank(s) Pumped		Tank 1: 1500	Pumped Tank 2: 100	00 🔀 Pumped
Sludge and scum measured.		Tank 3: 1000	 ▼ Pumped Tank 4:	Pumped
Do tanks need to be pumped? Yes No (If no provide measurements be	Jour)	Total Gallons Pu	 Imped: 3500	
Visual Inspection (note any problems with the			does not serve as a comp	liance inspection.
Visual hispection (note any problems with the		11012.11113	RECE	IVFD
			1 (20 4	24 0000
APR 1 7 2020				7 2020
			PUBLIC	HEALTH
*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 Gallons				
Scum Level in. X Gallons Per Inch = Scum Volume Gallons				
Sludge Volume + Scum Volume = Total Sludge and Scum Volume Gallons				
Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank %				
Scum Layer Effluent Sludge Layer	from	Depth measured invert of outlet to bottom of tank	2. Total sludge and scu	xist: le layer is less than ttorn of the outlet um volume is greater

317 2020

Reset Form