

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 3632	St Cro, & TrS Telephone Number				
City Afton		State	ZIP 55000/ P	roperty ID No./GEO Co	ode
Owner Kerthy	Bolton	Pumping Da			
			ractor		
Maintainer MEY	ER SEWER	MPCA License	e No. 915	Telephone Numbe	er 651-459-0162
What was done to the system?			Report Liquid Capacity in Gallons		
Tank(s) Pumped			Tank 1: 1500	Pumped Tank	2: Pumpe cy
Sludge and scum measured.			Tank 3:	Pumped Tank	
Do tanks need to be pumped? Yes Do (If no provide measurements below)			Total Gallons Pumped: 1500		
	(note any problems wi		NOTE: This d	oes not serve as a	compliance inspection
	*Tank M	easurements-Use On	ıly if Tank(s) Were N	OT Pumped	
Tank Length	in. X Tank Width	in. X Tank		= Tank Volume (cub	ic inches)
Tank Radius	in. X Tank Radius	in. X 3,14	Tank Volume (c	ubic inches)	
Tank Volume (cu. in.	/ 231.0	1 = Liquid Capacity	Gallons	/ Tank Depthin	. = Gallons/Inch
Sludge Level	in. X .Gallons Per Inc	ch = Sludge	Volume Ga	llons	
Scum Level	in. X Gallons Per Inc	ch = Scum V	olume Ga	lons	
Sludge Volume	+ Scum Volume	= Total Sl	udge and Scum Volui	ne Gall	ons
Total Sludge and Scu	um Volume	/ Liquid Capacity	= Percer	nt Sludge and Scum ir	Tank %
Scum Layer Effluent Sludge Layer		fre	ank Depth measured om invert of outlet ipe to bottom of tank	following condit 1. The top of the 12 inches from the baffle; or 2. Total sludge a	oumped if either of the ions exist: sludge layer is less than he bottom of the outlet and scum volume is greate of the tank's liquid
	•	And the second section is the second or the second section and the second section sect			