

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 136/ Sand It // K	15	Telephone Number	
	ate M/7 ^{lp} 550	Property ID No./GEO Code	
Owner Fra Varion Pu	mping Date G/I	1/15	
Contractor			
Maintainer MEYER SEWER MP	CA License No. 9	15 Telephone Number 651-45	9-016
What was done to the system?		Report Liquid Capacity in Gallons	
Tank(s) Pumped	Tank 1	: IScor Pumped Tank 2:] Pumped
Sludge and scum measured. Do tanks need to be pumped?	Tank 3	: Pumped Tank 4:] Pumped
Yes No (If no provide measurements below,	Total C	Gallons Pumped: 1500	
Visual Inspection (note any problems with the syst	em): NO	E: This does not serve as a compliance i	nspection
*Tank Measurements-Use Only If Tank(s) Were NOT Pumped			
	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 =	cum Volume Gallons	
	_		%
Total Sludge and Scum Volume / Liquid		= Percent Sludge and Scum in Tank	
	7	*Tanks must be pumped if eith following conditions exist:	er of the
Scum Lavor		1. The top of the sludge layer is	
Scum Layer	Tank Depth	12 inches from the bottom of t	
Effluent	from invert of	of outlet 2. Total studge and scum votus than 25 percent of the tank's li	
Sludge Layer	pipe to botto	om of tank capacity.	,