

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT GOVERNMENT CENTER

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SSTS MAINTENANCE REPORT

	System Loc	ation		
Address 12361 Ravine circle		Telephone Number		
City Stillwater	State MN ZIF	Pro	pperty ID No./GEO Code	
Owner Ben & Nicole Forsyth	Pumping Date C	Oct 17, 2017		
Contractor				
Maintainer Row Sewer Service	MPCA License No	o. L3309	Telephone Number	(651) 465-5505
What was done to the system?		Rep	ort Liquid Capacity in G	sallons
▼ Tank(s) Pumped		Tank 1: 1,000	Pumped Tank 2: 1,	000 🔀 Pumped
Sludge and scum measured.		Tank 3:	Pumped Tank 4:	Pumped
Do tanks need to be pumped? Yes No (If no provide measurements)	below)	Total Gallons Pum	ped: 2,000	
Visual Inspection (note any problems with th	<u></u>	NOTE: This do	es not serve as a com	pliance inspection.
				,
•			:	
Tank Weasurements-Use Only If Tank(s) Were NOT Pumped				
Tank Length in. X Tank Width	in. 🗶 Tank Dep	th in. =	Tank Volume (cubic in	ches)
Tank Radius in. X Tank Radius	in. X 3.14 =	Tank Volume (cu	oic inches)	•
Tank Volume (cu. in.) / 231.01 = {	– Liquid Capacity	Gallons/	Tank Depth in. =	Gallons/Inch
Sludge Level in. X Gallons Per Inch	= Sludge Volu	me Gallo	ons	
Scum Level in. X Gallons Per Inch	= Scum Volum	ne Gallo	ons .	•
Sludge Volume + Scum Volume	= Total Sludge	and Scum Volum	e Gallons	•
Total Sludge and Scum Volume / Li	quid Capacity	= Percent	Sludge and Scum in Tan	k%
			*Tanks must be pump following conditions	exist:
Scum Layer			 The top of the slud inches from the bo 	
Effluent		epth measured	baffle; or 2 Total sludge and so	um volume is greater
		vert of outlet bottom of tank	than 25 percent of th	
Sludge Layer			capacity.	
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Signature //////	Date	Oct 1	7, 2017 Re	eset Form