Washington ≈ County

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER
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SSTS MAINTENANCE REPORT

System Location

Address **66203 CrackleBerry Trail**
City **Woodbury,** State **MN** ZIP **55129** Property ID No./GEO Code
Owner **John & Danae Bruning** Pumping Date **11.01.2017**

Telephone Number

Contractor

Maintainer **Schlomka's Portable** MPCA License No. **3302** Telephone Number **651.437.7284**

What was done to the system?

[X] Tank(s) Pumped
[ ] Sludge and scum measured.
Do tanks need to be pumped?
[X] Yes   [ ] No (If no provide measurements below)

Report Liquid Capacity in Gallons

Tank 1:	[ ] Pumped	Tank 2:	[ ] Pumped
Tank 3:	[ ] Pumped	Tank 4:	[ ] Pumped

Total Gallons Pumped:

Visual Inspection (note any problems with the system):

NOTE: This does not serve as a compliance inspection.

Good condition

*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
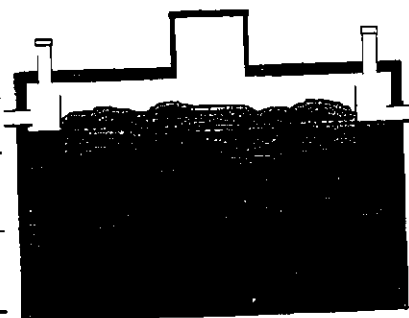
Scum Level _____ in. X Gallons Per Inch _____ = Scum Volume _____ Gallons

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

Tank Depth measured
from invert of outlet
pipe to bottom of tank

*Tanks must be pumped if either of the
following conditions exist:
1. The top of the sludge layer is less than
12 inches from the bottom of the outlet
baffle; or
2. Total sludge and scum volume is greater
than 25 percent of the tank's liquid
capacity.

Signature _____ Date **11.01.2017**