

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CENTER GOVERNMENT CENTER

14949 62nd STREET NORTH P.O. BOX 6 STILLWATER, MN 55082-0006 Office: 651-430-6655 TDD: 651-430-6246 FAX: 651-430-67302019

SSTS MAINTENANCE REPORT PUBLIC HEALTH

| System Location | | | | |
|--|----------------|---|---|---|
| Address 12360 ravine circle | | | Telephone Number | 6512016582 |
| City Stillwater | State mn ZIF | P 55082 F | Property ID No./GEO Code | |
| Owner john shclader Pumping Date 09/19/2019 | | | | |
| Contractor | | | | |
| Maintainer Row Sewer Service MPCA License No. L3309 Telephone Number 6514655505 | | | | |
| What was done to the system? | | Re | port Liquid Capacity in Ga | llons |
| ☒ Tank(s) Pumped ☐ Sludge and scum measured. Do tanks need to be pumped? ☐ Yes ☐ No (If no provide measurements be | | Tank 1: 1000 Tank 3: Total Gallons Pu | Pumped Tank 2: 100 Pumped Tank 4: mped: 2000 | Pumped Pumped |
| Visual Inspection (note any problems with the system): NOTE: This does not serve as a compliance inspection. | | | | |
| | | | RECEIV JUL 3 1 2 PUBLIC HE | 019 |
| *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 | e and Scum Volu | me Gallons | |
| Total Sludge and Scum Volume / Liquid Capacity = Percent Sludge and Scum in Tank % | | | | |
| Scum Layer Effluent Sludge Layer | from in | Depth measured nvert of outlet o bottom of tank | *Tanks must be pumpe following conditions ex 1. The top of the sludge 12 inches from the bott baffle; or 2. Total sludge and scut than 25 percent of the capacity. | cist: e layer is less than com of the outlet m volume is greater |
| Signature | Date | 09/ | /19/2018 Res | et Form |

Check Amount

Date 7/29/2019

Pay To The Order Of Washington County Dept of Public Health **22.00 Twenty-Two and 00/100 **Dollars** Washington County Dept of Public Health PO BOX 6 14949 62nd Street N Stillwater, MN 55082 Memo: Rowe Sewer/Wild River Contracting 2636 Washington County Dept of Public Health 7/29/2019 Date Type Reference Original Amt. Balance Due Discount **Payment** 7/29/2019 Bill schlader 22.00 22.00 22.00

22.00