Washington County
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 1988 Mystic Ridge Ave. N. Telephone Number

City Stillwater State MN ZIP 55082 Property ID No./GEO Code

Owner Dan McKay Pumping Date 9/9/15

Contractor

Maintainer MEYER SEWER MPCA License No. 915 Telephone Number 651-459-0161

What was done to the system?

- [x] Tank(s) Pumped 2
- [ ] Sludge and scum measured.
  Do tanks need to be pumped?
  - [ ] Yes
  - [ ] No (*If no provide measurements below*)

Report Liquid Capacity in Gallons

Tank 1: 1250 [x] Pumped Tank 2: 1250 [x] Pumped

Tank 3: ____ [ ] Pumped Tank 4: ____ [ ] Pumped

Total Gallons Pumped: 2500

Visual Inspection (*note any problems with the system*):

NOTE: This does not serve as a compliance inspection.

***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) ____

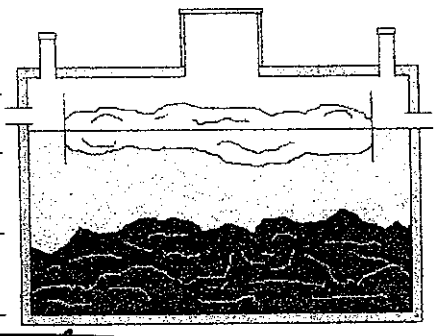
Tank Volume (cu. in.) ____ / **231.01** = Liquid Capacity ____ Gallons / Tank Depth ____ in. = Gallons/Inch ____

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 ____ %



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 9/9/15

Reset Form