Washington County

SSTS MAINTENANCE REPORT

System Location

Address: *11890 97th St. N*

City: *Stillwater* State: *MN* ZIP: *55082*

Telephone Number:

Property ID No./GEO Code:

Owner: *Donovan Corbett* Pumping Date: *10/20/15*

Contractor

Maintainer: *MEYER SEWER* MPCA License No. *915* Telephone Number: *651-459-016.*

What was done to the system?
☑ Tank(s) Pumped *1*
☐ 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* ☑ Pumped	Tank 2:	☐ Pumped
Tank 3: ☐ Pumped	Tank 4:	☐ Pumped
Total Gallons Pumped: *1250*		

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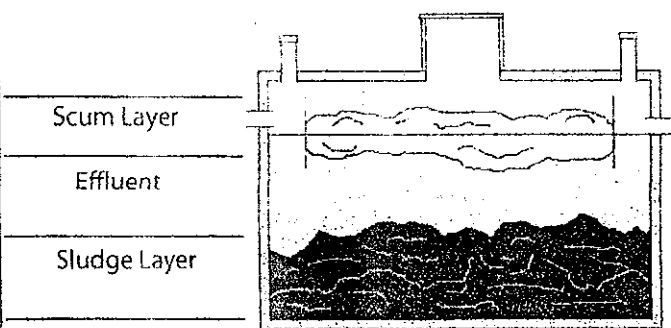
Tank Volume (cu. in.) _____ / **231.01** = Liquid Capacity _____ Gallons / Tank Depth _____ in. = Gallons/Inch _____

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 _____ %

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 *10/20/15* Reset Form