Washington County

SSTS MAINTENANCE REPORT

System Location

Address **1286 Oldridge Ave N**	Telephone Number
City **Stillwater** State **MN** ZIP **55082**	Property ID No./GEO Code
Owner **Mary Grant**	Pumping Date **10/15/15**

Contractor

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

What was done to the system?

[X] Tank(s) Pumped

[ ] Sludge and scum measured.
Do tanks need to be pumped?

[ ] Yes   [ ] No (If no provide measurements below)

Report Liquid Capacity in Gallons

Tank 1: **1500** [X] Pumped   Tank 2: _____ [ ] Pumped
Tank 3: _____ [ ] Pumped   Tank 4: _____ [ ] Pumped

Total Gallons Pumped: **1500**

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) _____

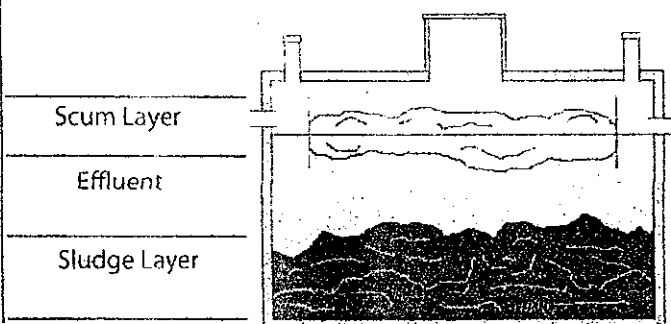Tank Radius _____ in. X Tank Radius _____ in. X **3.14** = Tank Volume (cubic inches) _____

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	Reset Form