



# Saint Louis County

Environmental Services Department - Onsite Wastewater Division 1-800-450-9278

Duluth: 325 W First St., Suite 300, Duluth, MN 55802 (218) 725-5200

Virginia: 307 First St. So., Suite 115, Virginia, MN 55792 (218) 749-0625

## Tank Worksheet

Applicant name: \_\_\_\_\_ Address of site: \_\_\_\_\_

System designer: \_\_\_\_\_ Date: \_\_\_\_\_

What type of use are these tanks servicing? \_\_\_\_\_

Feed into septic tanks: Gravity \_\_\_ Pressure \_\_\_ Both \_\_\_

What is the design flow for the treatment system? \_\_\_\_\_ gallons per day

Describe flow train (order) of tanks:

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Garbage disposal Y / N Bath > 75 gallons Y / N

### Septic tanks for project

Proposed number of septic tanks \_\_\_\_\_ Depth of cover \_\_\_\_\_ inches Septic tank alarm Y / N

Anchoring requirements Y / N If yes, specify \_\_\_\_\_

#### Septic Tank # 1

Size of septic tank 1<sup>st</sup> compartment \_\_\_\_\_ gals. 2<sup>nd</sup> compartment \_\_\_\_\_ gals.

Proposed tank material \_\_\_\_\_ Existing \_\_\_\_\_ or new tank \_\_\_\_\_

Seam locations on tank \_\_\_\_\_

Elevation of seams above seasonal high water table \_\_\_\_\_ inches

Risers cast into lid ? Y / N If no method of attachment? \_\_\_\_\_

Filter supplied ? Y / N Method of tank bedding \_\_\_\_\_

Is tank to be insulated ? Y / N If yes, how \_\_\_\_\_

## Septic Tank # 2

Size of septic tank 1<sup>st</sup> compartment \_\_\_\_\_ gals. 2<sup>nd</sup> compartment \_\_\_\_\_ gals.

Proposed tank material \_\_\_\_\_ Existing \_\_\_\_\_ or new tank \_\_\_\_\_

Seam locations on tank \_\_\_\_\_

Elevation of seams above seasonal high water table \_\_\_\_\_ inches

Risers cast into lid ? Y / N If no method of attachment? \_\_\_\_\_

Filter supplied ? Y / N Method of tank bedding \_\_\_\_\_

Is tank to be insulated ? Y / N If yes, how \_\_\_\_\_

## Pump vaults

Type and size of vault \_\_\_\_\_ Manufacturer \_\_\_\_\_

## Pump tank or chambers

Size of tank or chamber \_\_\_\_\_ gallons

Tank construction material \_\_\_\_\_ New \_\_\_\_\_ or existing \_\_\_\_\_

Are risers cast into lid? \_\_\_\_\_ If no, method of attachment \_\_\_\_\_

Is riser lid insulated.? Y / N Are there anchoring requirements for this tank? Y / N

Method of tank bedding? \_\_\_\_\_

Time dose control panel Y / N Event counter Y / N Elapsed time meter Y / N

# Recirculation tanks

Size of tank _____ gallons      New_____      or existing _____
Tank construction material _____
Are risers cast into lid? _____ If no, method of attachment _____
Is riser lid insulated.? Y/ N
Are there anchoring requirements for this tank? Y / N
Method of tank bedding? _____ _____
Time dose control panel Y / N    Event counter Y / N    Elapsed time meter Y / N

## General:

Tank installation access:

\_\_\_\_\_

Drainage details:

\_\_\_\_\_

\_\_\_\_\_

Pumping access route:

\_\_\_\_\_

General Comments:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_