



# Septic System Pumping and Assessment Report

Site Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Is the septic system less than two years old? (Y/N) \_\_\_\_ If yes, stop here and mail!

Date Installed: \_\_\_\_\_ # of Tanks & Capacity: \_\_\_\_\_

Type of System: \_\_\_\_\_ Gallons Removed: \_\_\_\_\_

Do tanks have manhole covers? \_\_\_\_ Is the system considered watertight? \_\_\_\_

Is system pumped regularly? \_\_\_\_ If no, explain: \_\_\_\_\_

Is the system cleaned frequently enough? \_\_\_\_ Frequency recommended? \_\_\_\_

**Inlet & outlet baffles:** Checked (Y/N)? \_\_\_\_ Were problems detected? \_\_\_\_

Explain any problems with baffles or tanks: \_\_\_\_\_

\_\_\_\_\_  
Were baffles replaced? \_\_\_\_

Are there signs of overflow or effluent percolating from the ground or sewage backup in the home? \_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Licensed Pumper & Company: \_\_\_\_\_

MPCA Lic#: \_\_\_\_\_ Phone#: \_\_\_\_\_

**The undersigned certifies that the above information is correct to the best of their knowledge.**

Pumper's Signature: \_\_\_\_\_ Date assessed: \_\_\_\_\_



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\$0.46  
Postage  
Required

City of Medina  
Attn: Septic Monitoring Program  
2052 County Road 24  
Medina, MN 55340

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Attn: Septic Monitoring Program  
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