



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
2052 County Road 24
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