



Septic System Pumping and Assessment Report

Return to:
 e: city@medinamn.gov
 f: 763-473-9359
 m: 2052 County Rd 24,
 Medina, MN 55340

Address			
Owner(s) Names			
Septic system less than two years old?	No	Yes	- stop and mail form

Date Assessed	
Date Installed (if known)	
Number of Tanks & Capacity	
Type of System	
Gallons Removed	
Tanks have manholes Covers	Yes or No
System is Watertight	Yes or No
System Pumped Regularly	Yes or No
Frequency Recommended	

Inlet and Outlet Baffles – Answer Yes or No	
Checked	Yes or No
Problems Detected	Yes or No
Explanation of Problems Detected (if applicable)	
Baffles Replaced	Yes or No

Are there signs of overflow or effluent percolating from the ground or sewage backup in the home?	
Yes	No
If yes, explain:	

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

Company Information	
Company Name	
Licensed Pumper's Name	
MPCA License Number	
Phone Number	