



Septic System Pumping and Assessment Report

Property Address			
Owner(s) Names			
Septic system less than three 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 (if other than 3 years)	

Inlet and Outlet Baffles	
Checked	Yes or No
Problems Detected	Yes or No
If yes, explain:	
Baffles Replaced	Yes or No

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

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

Septic System Professional Company Information	
Company Name	
Licensed Pumper's Name	
MPCA License Number	
Phone Number	

Forward completed form to:
 Lisa DeMars, 2052 County Road 24, Medina, MN 55340
 or email to lisa.demars@medinamn.gov
 or fax to 763-473-9359.