



# Septic System Pumping and Assessment Report

<b>Property Address</b>			
<b>Owner(s) Names</b>			
<b>Septic system less than three years old?</b>	<b>No</b>	<b>Yes – stop and mail form</b>	

<b>Date Assessed</b>			
<b>Date Installed (if known)</b>			
<b>Number of Tanks &amp; Capacity</b>			
<b>Type of System</b>			
<b>Gallons Removed</b>			
<b>Tanks have manholes Covers</b>	Yes or	No	
<b>System is Watertight</b>	Yes or	No	
<b>System Pumped Regularly</b>	Yes or	No	
<b>Frequency Recommended (if other than 3 years)</b>			

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

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

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

<b>Septic System Professional Company Information</b>	
<b>Company Name</b>	
<b>Licensed Pumper's Name</b>	
<b>MPCA License Number</b>	
<b>Phone Number</b>	

Forward completed form to:  
 Brenda Ruth, 2052 County Road 24, Medina, MN 55340  
 or email to [brenda.ruth@medinamn.gov](mailto:brenda.ruth@medinamn.gov)  
 or fax to 763-473-9359.