



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:
 Planning Dept, 2052 County Road 24, Medina, MN
 55340 or email to permits@medinamn.gov
 or fax to 763-473-9359.