



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.**