

TOWNSHIP ENVIRONMENTAL SERVICES

Septic Tank Pumping Certificate

FOR OFFICE USE ONLY

Received _____

Map # _____

Owner Name _____

Date of pumping _____

Project Address _____

Septic Tank Size: _____ gallons
 Compartments: One Two

Septic Tank Construction:
 Concrete
 Fiberglass
 Plastic
 Metal
 Other _____

Inlet Baffle:
 Material _____
 Intact? Yes No
 Replaced? Yes No

Outlet Baffle:
 Material _____
 Intact? Yes No
 Replaced? Yes No

Transfer of Property
 Routine Pumping
 Existing tank-new system
 Holding tank
 Alarm present _____

IF SYSTEM INCLUDES MORE THAN ONE TANK, COMPLETE THIS SECTION FOR EACH ADDITIONAL TANK ON A SEPARATE PUMPING CERTIFICATE FORM AND ATTACH.

Additional tank(s)

Septage removed _____ gallons

Tank pumped through:

Maintenance access
 *Inspection pipe

Minnesota Rules, Chapter 7080.0175 Subp.3.C. "If the owner or owner's agent refuses to allow the removal through a maintenance hole, the licensed pumper must obtain a signed statement from the owner or owner's agent that the owner or agent was informed of correct removal procedures and the reason for refusal."

*Reason for pumping through inspection pipe: _____

*Homeowner signature-if pumped through inspection pipe: _____

Maintenance Access Present? No Yes

Diameter of maintenance access: _____ inches at least dimension (must be 20" to be part of new system)

Access within 12" of ground surface? **Risers** (existing added): **Inspection pipes present?**

Yes - Inlet / Outlet / Center
 No
 Added to: Inlet / Outlet / Center

Concrete
 Plastic
 None

Yes - on Inlet / Outlet / Center
 No
 Added _____ in./ft.

to Inlet / Outlet / Center

The septic tank DOES / DOES NOT appear watertight as of today's date.

Tank leakage observed below operating depth? Yes No

Tank leakage observed above operating depth? Yes No

Any drainback from soil treatment area noticed? Yes No

Disposal method: Municipal treatment _____
 Land application _____
 Other _____

Comments/observation of any non-compliance/repairs: _____

I hereby certify with my signature as a MPCA-licensed Pumper that my observations recorded on this form are accurate to the best of my professional knowledge as of the date signed for the property stated above. No determination of future performance can be made due to unknown conditions such as abuse of the system, and/or inadequate maintenance, of which will adversely affect the life of the system.

Pumper name (Please print) _____ State license number _____ Date _____

Pumper signature _____ Company _____ Phone number _____

Please submit this record to the homeowner and local unit of government within 30 days of pumping/inspection.