



City of Chisago City SEPTIC TANK PUMPING AND VISUAL INSPECTION REPORT

Site Address: _____ Date: _____

Contractor Name/Address: _____

Phone Number: _____ MPCA License #: _____

Property Owner: _____ Phone Number: _____

Mailing Address (If different from Pump Site):

Type of System: _____ Amount Removed from Tank: _____
(Mound, Trench, Other, Please Specify)

Number & Type of Tanks: _____ Lift / Pump Station: Yes No

Were inlet and outlet baffles checked? Yes No

Detailed findings from the inspection (such as condition of the tank or baffles): _____

Any sign of the following:

Overflow	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Effluent Percolating from the Ground	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sewage Backup in the Home	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby certify that the above information is correct to the best of my knowledge.

Signature

For office use only.

Date system was installed: _____

Original design / soil borings on file: Yes No

Original design information compliant with today's standards: Yes No

This report does not serve as a Septic Compliance Inspection.