

**City Of Dayton- 12260 SOUTH DIAMOND LAKE ROAD, DAYTON, MN 55327**

**SEPTIC TANK PUMPING/ INSPECTION FORM**

**\*MUST BE RETURNED TO DAYTON CITY HALL**

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Property Identification Number (P.I.D): \_\_\_\_\_

Name: \_\_\_\_\_ Licensed Pumper's Name: \_\_\_\_\_

Date system installed: \_\_\_\_\_ How Many Tanks and the Capacity of each? \_\_\_\_\_

Amount removed \_\_\_\_\_ (Gallons) Type of system: Mound \_\_\_\_\_ Trench \_\_\_\_\_ Fieldtile \_\_\_\_\_ Other \_\_\_\_\_

Regular Maintenance Pumping YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, explain below.

Explanation: \_\_\_\_\_

Do the Septic Tank(s) considered watertight? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, explain below.

Explanation: \_\_\_\_\_

Do the Septic Tank(s) have manhole covers? YES \_\_\_\_\_ NO \_\_\_\_\_

**\* Pumping and inspection of Tank(s) must be done through manhole covers or with tank covers removed ONLY.**

Where the inlet and outlet baffles checked? YES \_\_\_\_\_ NO \_\_\_\_\_

After pumping and cleaning the tank(s) did you detect any problems with the condition of the tank(s) or the inlet and/or outlet baffles?

Yes \_\_\_\_\_ NO \_\_\_\_\_ If YES, Explain: \_\_\_\_\_

If there was a problem, were the baffles replaced? YES \_\_\_\_\_ NO \_\_\_\_\_

When checking the sewage treatment area, did you see any sign of overflow or effluent percolating from the ground or sewage backup in the home? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain.

Explanation: \_\_\_\_\_

In your opinion, is the septic tank(s) being cleaned frequently enough? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO is checked, what frequency would you recommend? \_\_\_\_\_

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

\_\_\_\_\_  
Licensed Pumper's Signature

\_\_\_\_\_  
MPCA License#

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Date