

CITY OF BLAINE
10801 Town Square Drive
Blaine, MN 55449
Phone (763)785-6169
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SEPTIC TANK PUMPING/INSPECTION FORM
MUST BE RETURNED TO THE BLAINE BUILDING INSPECTION DEPARTMENT

Address _____ Date _____

Owner's Name _____ Licensed Pumper's Name _____

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: _____

Is 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

Were 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 repaired or 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: _____

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

X
Licensed Pumper's Signature _____ MPCA License # _____ Phone # _____ Date _____