

City of Oronoco

PUMPING REPORT



Contractor Name: _____ Phone: _____

Full Address: _____

MPCA License #: _____ Pumping Date: _____

Owner Name: _____ Phone: _____

Address of Pump Site: _____

Mailing address: _____

Septic Tank Number 1	
Tank Type: Precast Block Plastic	
Tank Capacity: _____	
<i>Check yes or no on the following:</i>	
Was tank hatch/Manhole removed for cleaning:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inlet Baffle:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outlet Baffle:	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 Inch Tank Hatch:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Watertight:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(per above grade visual inspection)</i>	

Septic Tank Number 2	
Tank Type: Precast Block Plastic	
Tank Capacity: _____	
<i>Check yes or no on the following:</i>	
Was tank hatch/Manhole removed for cleaning:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inlet Baffle:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outlet Baffle:	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 Inch Tank Hatch:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Watertight:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(per above grade visual inspection)</i>	

Type of System: *(check one)*

Mound: Trench: Other: Specify: _____

Gallons Pumped: _____ # of Septic Tanks: _____ Lift/Pump Station: Yes No

Septage Disposal:

Municipal Dumpsite: *(Location)* _____

Landsread: *(Location)* _____

Visual inspection *(note any problems with system):*

Inspection Measurements Only	
Top of sludge layer is 12" or less from bottom of outlet baffle	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bottom of scum layer is 3" or less to the bottom of the outlet baffle	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If either box is checked "yes", the system must be pumped.</i>	