



7100 147th Street W
Apple Valley MN 55124
952-953-2588

SEPTIC SYSTEM MAINTENANCE FORM

Date Pumped: _____ # of Tanks Pumped: _____ Total Gallons Pumped: _____

Site Address: _____

Owner's Name: _____

Owner's Address: _____

Pumping Contractor: _____ License #: _____

Pumping Contractor Signature: _____

Private Residence

Commercial Property

Rental

Disposal Location: _____

Condition of Baffles: _____ Type of Tanks: _____ Size of Tanks: _____

Pumped Through: _____ Effluent Sewage Discharge: Yes No

Comments:

Please submit completed forms to the Buildings Inspection Division via mail or fax (952) 953-2515.