City of Ham Lake

15544 Central Avenue NE • Ham Lake, MN 55304
Building Dept. 763-235-1691 • Fax 763-235-1697
Email: bldgdept@ci.ham-lake.mn.us

INDIVIDUAL SEPTIC PUMPING RECORD

PROPERTY INFORMATION: **Date Pumped** _____

Name of Property Owner _____

Property Address: _____

PUMPING INFORMATION:

NUMBER OF GALLONS PUMPED _____

Type of Septic System _____

Maintenance Cover Removed ☐ Yes ☐ No

Baffles Inspected ☐ Yes ☐ No

Condition of Baffles ☐ Good ☐ Needs Replacement

Sludge Depth_____ (inches) Scum Depth_____ (inches)

Tank Fluid Level: ☐ Below Normal ☐ Normal ☐ Above Normal

Evidence of Drainfield Failure: ☐ Yes ☐ No

COMMENTS: _____

_____

PUMPING CONTRACTOR INFOMATION:

Company _____

MPCA License # _____

Phone Number _____ Email: _____

THIS IS A PUMPING/INSPECTION RECORD ONLY
- NOT A COMPLIANCE INSPECTION -

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