

Individual Sewage Treatment System Maintenance Review



City of Saint Paul
Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 (612) 266-9090

Address: _____

Owner's Name: _____

Date: _____

Property Owner's Address: _____

Owner's Phone #: _____

Occupant's Name: _____

NOTE: This is a report only of the present condition of the septic system. The inspector/company and the City of Saint Paul disclaims any warranty, either expressed or implied, arising from the review of this septic system.

Check if any repairs and/or alterations have been made to the system since last review. (Describe below.)

System Condition Report must be completed by a Pumper or Inspector licensed by the State of Minnesota.

Appears to be operating properly.

Does not appear to be operating properly.

Soil Treatment System **is dry**, no surfacing evident.

Soil Treatment System **is saturated and visibly discharging** to the surface. **Tank must be pumped within 48 hours.**

Solids accumulation in tank **is not** at a critical level. (Sludge is more than 12 inches from bottom of outlet baffle.)

Solids accumulation in tank **is** at a critical level. (Sludge is 12 inches or less from bottom of outlet baffle.) **Tank must be pumped within 48 hours.**

Scum layer in tank **is not** at a critical level. (Scum layer is more than 3 inches above bottom of outlet baffle.)

Scum layer in tank **is** at a critical level. (Scum layer is less than 3 inches above bottom of outlet baffle.) **Tank must be pumped within 48 hours.**

Pump stations, distribution devices or drop boxes operating properly and no accumulation of solids.

Pump stations, distribution devices or drop boxes are not operating properly or have an accumulation of solids.

Pumping Information

Date tank was last pumped: _____

Pumper's Name/Address: _____

Sewage backup evident in building.

Other evidence of system failure. (Describe below.)

When tank was last pumped, were all accumulations of sludge, scum, and liquids removed through a maintenance hole?
 (As per Minnesota Rules 7080.0175)

Yes

No

(If NO describe type of tank access below.)

Unknown

Comments (Use additional pages if needed.)

All maintenance and repairs have been completed in accordance with applicable state and city requirements. maintisp.vsd-4/05

Licensed Inspector/Pumper _____

License # _____

Address _____

Phone # _____