



City of Ham Lake

15544 Central Avenue NE • Ham Lake, MN 55304
Building Dept. 763-235-1691 • Fax 763-235-1697

INDIVIDUAL SEPTIC PUMPING RECORD

PROPERTY INFORMATION: Date Pumped _____

Name of Property Owner _____

Property Address _____

PUMPING INFORMATION:

NUMBER OF GALLONS PUMPED _____

Type of 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 INFORMATION:

Company _____

MPCA License # _____

Phone Number _____ Fax Number _____

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