Washington ≋ County

FEE $15.00

PUMPING REPORT

ENTERED 1/07/16

Contractor Name:	*ADVANCED SEPTIC SOLUTIONS, INC*
Street Address: PO Box:	*2423 MANNING AVE N LAKE ELMO*
City/State/Zip:	
Phone:	*651-261-3361* MPCA License #: *LZ829*

Owner Name:	*BANK OF RECORD* Mailing Address If Different From Pump Site
Address of Pump Site:	
City/State/Zip:	*PID 19,029,20.32,0004*
Pumping Date:	*11-16-2015* GEO Code:

Type of System: *(check one)*

Mound: ☐   Trench: ☒

Other: ☐

Specify: _____

Gallons Pumped: *2000*

# of Septic Tanks: *2*

Lift/Pump Station: Yes ☐ No ☒

Septic Tank Number 1

Tank Type: (Precast) Block Plastic
Tank Capacity: *1000*
Was tank hatch/Manhole removed
for cleaning: Yes ☒ No ☐
Check yes or no on the following:
Inlet Baffle: Yes ☒ No ☐
Outlet Baffle: Yes ☒ No ☐
24 Inch Tank Hatch: Yes ☒ No ☐
Watertight: Yes ☒ No ☐
(per above grade visual inspection)

Septic Tank Number 2

Tank Type: Precast Block Plastic
Tank Capacity: *1000*
Was tank hatch/Manhole removed
for cleaning: Yes ☒ No ☐
Check yes or no on the following:
Inlet Baffle: Yes ☒ No ☐
Outlet Baffle: Yes ☒ No ☐
24 Inch Tank Hatch: Yes ☒ No ☐
Watertight   Yes ☒ No ☐
(per above grade visual inspection)

Septage Disposal:

☒ MCES Dumpsite *EMPIRE WWTS*   *Location*

☒ ~~Landspread~~ _____   *Location*

Visual inspection *(note any problems with system):*
NO OTHER ISSUES NOTED REF. COMPLIANCE INSPECTION

Visual inspection *(note any problems with system):* *NO ISSUES NOTED EXCEPT MISSING 4" INSPECTION PIPE CAPS*

Comments if more than two (2) tanks: _____
_____

Inspection Measurements Only
Top of sludge layer is 12" or less from bottom
of outlet baffle   Yes ☐ No ☐
Bottom of scum layer is 3" or less to the bottom
of the outlet baffle   Yes ☐ No ☐

*If either box is checked "yes",
the system must be pumped.*

Note: *This does not serve as a compliance inspection.*