



**SCOTT COUNTY**  
**ENVIRONMENTAL SERVICES DEPARTMENT**  
 200 FOURTH AVE W  
 SHAKOPEE, MN 55379-1220  
 Phone: (952) 496-8475 Fax: (952) 496-8496

# Existing Septic Tank Reporting Form

→ One Sheet is required per Tank ←

<b>Date of Maintenance:</b>
<b>Reason for Maintenance:</b>
Property Owner:
Site Address:

1. **Access used to remove septage:**  Maintenance Hole or  \*Inspection Pipe **\*Tank Cannot be Reused**  
 2. **If maintenance hole was used, were all covers securely replaced?**  Yes  No (please explain below)

Explain: \_\_\_\_\_

3. **Septic Tank Size:** \_\_\_\_\_ gallons  
 Compartments: One Two  
 Gallons Removed: \_\_\_\_\_  
 Tank Installed Date: \_\_\_\_\_

- Inlet Baffle:** Material \_\_\_\_\_  
 Intact? Yes / No Replaced? Yes / No  
**Outlet Baffle:** Material \_\_\_\_\_  
 Intact? Yes / No Replaced? Yes / No

4. **Manhole Access:**  within 12" or  at surface **Inspection pipes present?**  
 Yes Inlet / Outlet / Center (circle)  Yes, on Inlet / Outlet / Center (circle)  
 No added to: Inlet / Outlet / Center (circle)  No, added to Inlet/Outlet/Center (circle)  
 Filter/Screen:  Yes  No If yes, was filter cleaned? Yes / No (circle)

5. Identify any concerns/repairs: \_\_\_\_\_

Do you consider any of the above concerns an **Imminent Threat to Public Health or Safety?** No Yes

6. **I verified the Septic Tank is Watertight as of today's date:**  YES  NO

- |                                                            |                          |    |                          |                              |
|------------------------------------------------------------|--------------------------|----|--------------------------|------------------------------|
| I observed the tank empty for a period of time?            | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes                          |
| Did you observe water entering the tank when it was empty? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes                          |
| Tank leakage observed below operating depth?               | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes = Cesspool/Non-Compliant |
| Tank leakage observed above operating depth?               | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes = Requires Repairs       |
| Did you probe outside of tank for "black soil"?            | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes                          |
| Does the septic tank show signs of spalling?               | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes = please explain below   |

Explain: \_\_\_\_\_

7. **Scott County Pump Permit has been completed and submitted.** Yes / No (circle)  
 8. **Certification:** I hereby certify as a Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations or directly supervised others in the performance of this job.

Maintainer Name

Maintainer's Signature

Date

Lic #

Phone#