



## LINWOOD TOWNSHIP

ANOKA COUNTY

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Office Use Only

Received on \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

### SEPTIC PUMPING PERMIT/REPORT \$10.00

Contractor Name:

Street Address:

P.O. Box:

City/State/Zipcode:

Phone:

MPCA License #:

Owner Name:

Address of Pump Site:

City/State/Zipcode:

Pumping Date:

GEO Code:

**Type of System:** (check one)

Mound: ☐ Trench: ☐

Other: ☐

Specify: \_\_\_\_\_

Gallons Pumped:

# of Septic Tanks:

Lift/Pump Station: Yes ☐ No ☐

#### Septic Tank Number 1

Tank Type: Precast Block Plastic

Tank Capacity:

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" Tank Hatch: Yes ☐ No ☐

Watertight: Yes ☐ No ☐

(per above grade visual inspection)

#### Septic Tank Number 2

Tank Type: Precast Block Plastic

Tank Capacity:

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" Tank Hatch: Yes ☐ No ☐

Watertight: Yes ☐ No ☐

(per above grade visual inspection)

#### Septage Disposal:

☐ MWDD Dumpsite \_\_\_\_\_ *Location*

☐ Landsread \_\_\_\_\_ *Location*

**Visual inspection (note any problems with system):**

\_\_\_\_\_  
\_\_\_\_\_

**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.*