



City of **Apple Valley**

7100 147th Street West
Apple Valley, MN 55124-9016

Telephone (952) 953-2588
Fax (952) 953-2515
www.cityofapplevalley.org

SEPTIC SYSTEM MAINTENANCE FORM

Date Pumped: _____ Number of Tanks Pumped: _____ Total Gallons Pumped: _____

Site Address: _____

Owner's Name: _____

Owner's Address: _____

Pumping Contractor: _____ License #: _____

Pumping Contractor Signature: _____

Private Residence

Commercial Property

Rental

Disposal Location: _____

Condition of Baffles: _____ Type of Tanks: _____ Size of Tanks: _____

Pumped Through: _____ Effluent Sewage Discharge: Yes No

Comments:

Please submit completed forms to the Buildings Inspection Division via email (inspect@cityofapplevalley.org), mail, or fax (952 953-2515).