

# TANK INSPECTION



Date of tank inspection \_\_\_\_\_

Address of inspection site: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Able to pump out tank? \_\_\_\_\_ Able to inspect tank with camera? \_\_\_\_\_

What was pumped out? \_\_\_\_\_ holding tank \_\_\_\_\_ septic tank \_\_\_\_\_ pump chamber

Location of tank from house/building? \_\_\_\_\_

Type of Tank: \_\_\_\_\_ Size of Tank: \_\_\_\_\_ Tank Condition: \_\_\_\_\_

Risers/cleanout found? \_\_\_\_\_ Size? \_\_\_\_\_ How many risers found? \_\_\_\_\_

Baffles in place for: Inlet? \_\_\_\_\_ Outlet? \_\_\_\_\_ Condition of baffles? \_\_\_\_\_

Tank appear to be watertight? Any leaks noted? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Septic Pumper (Name Printed and Signature)*

\_\_\_\_\_  
*Company's Licensed Name and License #*

\_\_\_\_\_  
*Septic Pumper Contact Information*

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**Once completed, send the invoice and this document to the following address:**

Lake Region District Health Unit  
Attn: Environmental Health Division  
524 4<sup>th</sup> Ave NE, Unit 9  
Devils Lake, ND 58301  
Email: [crcarlson@nd.gov](mailto:crcarlson@nd.gov)  
For more information, call (701) 662-7035