

## SEPTIC PUMPING REPORT FORM

## \*ATTENTION\* This is not a septic inspection nor will constitute one.

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septic hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

Pumping Date:	County:	Township:
Pumping Location Address (include city & zip)		
Name of person making Request: ☐ Check if this person is the owner		Phone #
TANK PUMPING INFORMATION □ Res	sidential # of Tanks	Total Gallons Pumped: gal.
	nmercial	
succession.		•
Septic Aeration Holding Dosing Privy Vault Portable Tank Other Type:  If applicable what type of Aeration tank? Was the aeration motor? Present Missing Unplugged / No Electric		
		Tank 3 gal Tank 4 gal
	0	
TANK CONDITION OBSERVATIONS		
Tank Condition		
Did spillage occur during pumping process? Yes No If yes, was area properly cleaned and disinfected? Yes	No	
List all repairs, Additional Work and Comments:  Disposal Location: Waste Water Treatment Facility Name of Facility:		
Land Application Permit #: Address:		
Driver/Technician Name (printed)		Company Phone #
Septic Hauling Company:		Registration #
YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN:  REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.		



## **SEPTIC PUMPING REPORT FORM**

\*A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health Department