

Onsite Sewage Treatment System Pumping Record

Property Serviced

Street:	City:	Zip:
Township:		Section:
Date of Service:		

Tanks Pumped: <input type="checkbox"/> Tank 1 <input type="checkbox"/> Tank 2 <input type="checkbox"/> Tank 3	
Tank 1 volume (gallons) _____	Tank 2 _____ Tank 3 _____
The outlet baffle is in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there an effluent filter?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Was filter cleaned and re-installed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Liquid level was at the above of the tank outlet pipe?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Septic tank was cracked, damaged, or leaking?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Access to the tank is secure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does water run back from disposal field when tank is pumped?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is water coming from home/business when all water fixtures are shut off?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a pump chamber present? If so, was it pumped?	<input type="checkbox"/> YES <input type="checkbox"/> NO NA
Sludge Layer in inches _____	
Scum Layer in inches _____	

Comments

I certify the findings reported above are accurate and were obtained through observations and measurements on the date of service.

Signature

Date

Company
