

Local Health District

SEPTAGE PUMPING REPORT FORM

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 septage 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:	<input type="checkbox"/> check if this person is the owner	Phone #:

TANK PUMPING INFORMATION	<input checked="" type="radio"/> Residential	# of Tanks: _____	Total Gallons Pumped: _____ gal.
	<input checked="" type="radio"/> Commercial		
Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession.			
<input type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing			
Check all that apply and place the number of the tank listed above next to the material type.			
<input type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____			
Give the volume of each tank pumped:			
Tank 1 _____ gal Tank 2 _____ gal Tank 3 _____ gal Tank 4 _____ gal			

TANK CONDITION OBSERVATIONS	
Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine	If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Risers: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet
Riser Lids: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor
Evidence of Leaking? <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	
Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Inconclusive	
High Water Level at time of pumping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not determine	If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Evidence of previous tank high water level observed <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Baffle(s) and Tee(s) <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not observed	If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Baffle(s) or Tee(s) Condition (if observed): <input type="checkbox"/> Good <input type="checkbox"/> Poor	If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Effluent Filters <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> N/A, tank older than 2007	If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____	
Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input type="checkbox"/> No <input type="checkbox"/> N/A	Solid Waste Facility taken to: _____
Did spillage occur during pumping process? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
List all Repairs, Additional Work and Comments:	

Disposal Location:
<input type="checkbox"/> Waste Water Treatment Facility Name of Facility: _____
<input type="checkbox"/> Land Application Permit #: _____ Address: _____

Driver/Technician Name (printed)	Company Phone #:
Septage Hauling Company:	Registration #:

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: _____ Years _____ Months
 REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.

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