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:  
☐ check if this person is the owner  
Phone #:  

TANK PUMPING INFORMATION  
☐ Residential  
☐ Commercial  
# of Tanks: _____  
Total Gallons Pumped: _______ gal.

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.

☐ Septic  
☐ Aeration  
☐ Holding  
☐ Dosing  
☐ Privy Vault  
☐ Portable tank  
☐ Other  

Type: _____________________________  
If applicable, what type Aeration tank? _____________________________  
Was the aerator motor?  
☐ Present  
☐ Missing  

Check all that apply and place the number of the tank listed above next to the material type.

☐ Concrete  
☐ Fiberglass  
☐ Plastic  
☐ Brick  
☐ 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:  
☐ Good  
☐ Poor  
☐ Could not determine  
If Poor, which tank?  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All

Risers:  
☐ Present  
☐ Absent, which tank  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All  
Riser located over:  
☐ Inlet  
☐ Center of Tank  
☐ Outlet  

Riser Lids:  
☐ Present  
☐ Absent, which tank  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All  
Risers and Lids Condition:  
☐ Good  
☐ Poor  

Evidence of Leaking?  
☐ Yes  
☐ Inconclusive  

Which tank?  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All  
(at the (check all that apply)  
☐ Tank  
☐ Riser  
☐ Inlet  
☐ Outlet  
☐ Inconclusive  

High Water Level at time of pumping:  
☐ Yes  
☐ No  
☐ Could not determine  
If yes which tank?  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All  

Evidence of previous tank high water level observed:  
☐ Yes  
☐ Inconclusive  
If yes which tank?  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All  

Baffle(s) and Tee(s) Condition (if observed):  
☐ Good  
☐ Poor  
If Poor, which tank?  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ All

Effluent Filters:  
☐ Present  
☐ Missing  
☐ N/A, tank older than 2007  
If present, were they cleaned?  
☐ Yes  
☐ No  

Other Solids Removed  
Type of Material:  
☐ Filter Media  
☐ Peat  
☐ Other: _____________________________

Was dewatering necessary?  
☐ Yes, _____ gal  
☐ No  
☐ N/A  
Solid Waste Facility taken to: _____________________________

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 #:  

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.