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## Septic Tank Pumping Record

Homeowner: \_\_\_\_\_ Township: \_\_\_\_\_

Property Location: \_\_\_\_\_

- Reason for Pumping:**
- Routine
  - Required by Health Department
  - Slow drainage or sewage backing into home
  - Other \_\_\_\_\_

**Conditions Noted Prior to Pumping:**

- Large masses of paper, plastic, or other foreign material observed:  Yes  No
- Scum layer:  Normal  Limited  Not present
- Liquid level at outlet:  Above  At  Below
- Baffle:  Good Condition  Missing  Damaged  Other

**Conditions Noted After Pumping:**

- Tank Joint Exists?  Yes  No Location: \_\_\_\_\_
- Tank joint appears water tight:  Yes  No  Uncertain

**Other Observations (check all that apply):**

- Cracked or deteriorated tank
- Damaged outlet or distribution component
- Backflow from outlet
- Blockage noticed at inlet/outlet (ex. Roots)
- Soggy or black soil in vicinity of tank
- Other (see comments)

**Septic Tank (1):** Size: \_\_\_\_\_ gallons

- Material:**  Concrete  Steel  Fiberglass  Plastic (poly)  Other \_\_\_\_\_

**Septic Tank (2):** Size: \_\_\_\_\_ gallons  N/A

- Material:**  Concrete  Steel  Fiberglass  Plastic (poly)  Other \_\_\_\_\_

**Outlet Baffle:** Material:  PVC/ABS Plastic  Concrete  Other \_\_\_\_\_  None

Style:  Tee  Elbow  Cast in Place

Filter:  Yes  No If yes, condition \_\_\_\_\_

**Advanced Treatment:** Tank Pumped  Yes  No  N/A

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Truck Operator: \_\_\_\_\_ Date of Pumping: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_