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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: _____