

Septage Pumpout Report

Date Work Performed: _____ County: _____

Owner's Name: _____ Signify Location of Work if Different than Owner's Address

Address: _____

Reason for Pumping: Request by Health Dept. _____ Problem: _____ Regular Maintenance: _____

Construction of Septic Tank:

Concrete: _____ Block: _____ Metal: _____ Fiberglass: _____ Other: _____

Type of Access or Lids: Access port _____ Sectional Lid _____ Other Access _____

Condition of Tank and System	Yes	No	N/A	Condition of Tank and System	Yes	No	N/A
Tank overfull				Outlet filter declined by Owner			
Tops in good repair				Water coming into tank from sides or bottom			
Walls in good repair				Water coming into tank from the inlet			
Bottom in good repair				Water coming into tank from drainfield			
Inlet "T" clogged				Excessive grease in tank			
Inlet "T" in good repair				Excessive solids in tank			
Outlet "T" in good repair				Were toilets and lines flushed before leaving			
Outlet "T" clogged with solids				Were there roots present			
"T" replaced or installed				Drainfield area excessively wet			
Outlet filter recommended and installed				Sewage leaking to the top of the ground in the drainfield area			

Approximate Tank Size in Gallons: 500 _____ 750 _____ 1000 _____ 1250 _____ 1500 _____ Other _____

Amount Pumped: _____ Gallons

Sewage Disposal Method: _____ Site: _____

Comments: _____

Septage Removal Contractor: _____ Certification #: _____

Phone #: _____ Work Performed by: _____

Written documentation shall be provided to the septic tank owner noting the condition of the septic tank.
A copy must be provided to the Local Environmental Health Office.