

SUSQUEHANNA TOWNSHIP

Septic Tank Pumper's Report

1. Date of Pumping _____ 2. Treatment System: ___ Septic Tank ___ Aerobic Tank ___ Cesspool ___ Dry Well

3. System Type: ___ Sand Mound ___ In Ground

4. Property Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

5. Address of Tank Location _____

(if different than #4)

City _____ State _____ Zip Code _____

6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description _____

7. Date system was installed (if not known, approximate date) ____/____/____

8. Date of last pump out (if not known, approximate date) ____/____/____

9. List of other maintenance performed.

Baffle Replacement

Extensions (riser rings)

Inspection Ports

Snaked the Line

Other _____

10. Check any of the following conditions observed.

High Water Level in Tank

Wet Areas Near System or Site

Noticeable Odors

Sewer Backup into House

Abundant Grass Growth Near System or Site

Backflush of Water from Absorption Area to Tank

Other _____

11. Amount of septage or other solid or semi-solid material removed.

500 Gallon Tank 1750 Gallon Tank

750 Gallon Tank 2000 Gallon Tank

1000 Gallon Tank 2250 Gallon Tank

1250 Gallon Tank 2500 Gallon Tank

1500 Gallon Tank Other _____

12. Recommendations _____

Diagram

13. Destination of the septage (name of treatment facility, include address if private property) _____

DEP Permit# _____

Signature of Pumper _____ Company _____

NOTICE - Completion of this report is required by Susquehanna Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:
Susquehanna Township, 1900 Linglestown Road, Harrisburg, PA 17110