

ELECTRICAL COMPONENTS If ANY of the following electrical components are incorporated in the system, make check mark and answer questions below: ___ Aerobic Units (AT) ___ Dosing Pumps (D) ___ Lift Pumps (L) ___ Chlorine Pump (Cl) ___ Other

Type of Equipment (circle)	AT	L D Cl	L D Cl	L D Cl	L D Cl	Comments (attach additional sheets as needed)
For the following, enter condition OK or Needs repair (N)						
Electrical connections						
On float operation						
Off float operation						
Alarm float operation						
Pump on block						
2 circuits (Yes or No)						
If check valve is used, is there a purge hole? (Y or N)						
Pump function OK? (Y or N)						
Other (specify)						

The above information is true and correct to the best of my/our knowledge and belief.

System Inspector _____ date ____/____/____ Pumper/hauler _____ date ____/____/____

PA Septage Management Association Tank Pumping and Field Observations Form

Parcel number _____
(from Township letter)

Property Information (Landowner PRINTS information)

Property owner name(s) _____

Property address (not a P. O. Box) _____

Land use (check ONE)

- Residential -
 Single family house (# of bedrooms) _____
 Number of families served by system _____
 Nonresidential - explain _____

Owner's mailing address, if different _____

System Information

Date system installed (month/year) ____/____/____ Original system? Y N If N, explain reason for current system. _____

Any repairs to current system ? Y N If Y, explain nature of repairs. _____

Viewed from the street, where is . . .	front	right	left	back	unknown
When was system last pumped? ____/____/____	Septic tank?				
	Absorption area?				

PUMPER COMPLETES THIS SECTION

TREATMENT TANK (TT) Type: _____ Septic _____ Aerobic

PUMP TANK (PT)

Treatment Tank # ----->	TT1	TT2	TT3	TT4	Pump Tank #	PT1	PT2	PT3	PT4
Concrete (C) Steel (S) Other (O) † --->					Lift (L) Dose (D)				
# of compartments in tank									
Condition OK or Needs repair (N)					FILTERS - If serviced, enter S				
Inspection port (over inlet baffle)					Zabel© _____	Biomicrobics© _____			
Access to grade (main manhole)					peat _____				
Inlet baffle					sand free access _____	buried _____			
Outlet baffle									

† Explain _____

TOTAL GALLONS PUMPED (all tanks) ----->

Date Pumped ____/____/____

Where was septage discharged? Facility name _____ DEP Permit /ID _____

Walk Over Observations

Conditions seen at or near: - - - ->	TT 1	TT 2	TT 3	TT 4	PT 1	PT 2	PT 3	PT 4	AA
Water on surface									
Odors									
Lush vegetation									
Missing/deteriorated baffle									
Deteriorated tank									
Backwash into tank									
Animal intrusion									
Other (specify)									

The above information is true and correct to the best of my/our knowledge and belief.

Owner _____ date ____/____/____ Owner _____ date ____/____/____

Pumper/hauler _____ date ____/____/____

Notes, Comments, Suggestions

