

SEPTIC TANK PUMPING CHECK LIST

Complete this form at time of tank pumping. Describe any issues observed in the comments area.

Date Pumped:		Report Completed By:	Pump Company	Owner
Property Location:				
Property Owner:				
Pumping Company:				
Tank Capacity:	gallons	Volume of Septage Removed:	gallons	
Access Port	Risers	Lids	Depth of Soil Cover Over Tank Access Lids:	feet
Effluent Filter?	Yes	No	Observation Ports?	Yes No
Observations			Check as Appropriate for the Conditions	Check if Needs Attention
Condition of septic tank area at time of pumping.			Good None	
Condition of dispersal field area at time of pumping.			Good None	
Security of risers or tank access lids.			Good None	
Condition of risers or tank access lids. (No cracking or other damage)			Good None	
Observed scum level: measured from the bottom of the floating scum layer relative to the bottom of the outlet pipe.			inches	
Observed sludge level: measured from the top of the settled sludge layer relative to the bottom of the outlet pipe.			inches	
Observed operating water levels in tank.			Good None	
Any flow back into tank of effluent from the dispersal field.			Good None	
Any observed root intrusion, cracking, or other damage to tank.			Good None	
Any observed damage to inlet piping in the tank.			Good None	
Any observed damage to baffle piping in the tank.			Good None	
Any observed damage to outlet piping in the tank.			Good None	
Condition of effluent filter, if applicable.			Good None	
Condition of any observation ports, if applicable.			Good None	
Comments and Overall Condition of System				
Pump Report Completed By				
<i>Sign Name</i>			<i>Print Name/Title</i>	