

Ohio Department of Health Bureau of Environmental Health Residential Water and Sewage Program (614) 644-7551 BEH@odh.ohio.gov

SEPTAGE PUMPING REPORT FORM

Pumping Date:	County:	Township:				
Tumping Date.	County.	Township:				
Pumping Location Address (include city & zip)						
Property Owner Name:	Pho	ne #:				
TANK AND PUMPING INFORM	IATION ☐ Residential	☐ Commercial				
Tank 1	Tank 2	Tank 3				
Type of Tank and Volume Capacity:	Type of Tank and Volume Capacity:	Type of Tank and Volume Capacity:				
□ Septic□ Aeration□ Privy Vault□ Dosing□ Holding□ Portables	☐ Septic ☐ Aeration ☐ Privy Vault ☐ Dosing ☐ Holding ☐ Portables	□ Septic □ Aeration □ Privy Vault □ Dosing □ Holding □ Portables				
□Other:	☐ Other:	□ Other:				
gallons	gallons	gallons				
galions galions		gallons				
Volume Pumped: gallons	Volume Pumped: gallons	Volume Pumped: gallons				
Tank Material	Tank Material	Tank Material				
□Concrete □Plastic □Metal	□Concrete □Plastic □Metal	□Concrete □Plastic □Metal				
□Fiberglass □Brick	□ Fiberglass □ Brick □ Fiberglass □ Brick					
Tank Condition (Check Deterioration Level)	Tank Condition (Check Deterioration Level)	Tank Condition (Check Deterioration Level)				
□None □Some □Significant	□None □Some □Significant □None □Some □Significant					
Risers and Lid	isers and Lid Risers and Lid					
# of Risers: Riser Condition: □Good □Poor	# of Risers: Riser Condition:	# of Risers: Riser Condition: □Good □Poor				
Lids for each riser? Lid Condition: ☐ Yes ☐ No ☐ Good ☐ Pool	Lids for each riser? Lid Condition:	Lids for each riser? Lid Condition: ☐ Yes ☐ No ☐ Good ☐ Poor				
Water Tight	Water Tight Water Tight					
Tank Inlet/Outlet Risers	Tank Inlet/Outlet Risers	<u>Tank</u> <u>Inlet/Outlet</u> <u>Risers</u>				
□Yes □ Yes □ Yes □No □ No □ No	☐ Yes ☐ Yes ☐ Yes ☐ No ☐ No	☐ Yes☐ Yes☐ No☐ No☐ No				
High Water	☐ No ☐ No ☐ No ☐ No ☐ High Water	High Water				
Water level above the outlet at time of	Water level above the outlet at time of	Water level above the outlet at time of				
pumping? \(\text{Yes} \text{No}	pumping? Yes No	pumping?				
Evidence that water level has been above the outlet? ☐ Yes ☐ No	Evidence that water level has been above the outlet? Yes No Evidence that water level has been above the outlet? Yes No					
Aeration motor □N/A	Aeration motor □N/A	Aeration motor □N/A				
□ Present □ Missing □ Malfunctioning	□Present □Missing □Malfunctioning	□Present □Missing □Malfunctioning				
Baffle condition	Baffle condition	Baffle condition				
☐ Intact ☐ Damaged ☐ Missing	☐ Intact ☐ Damaged ☐ Missing	☐ Intact ☐ Damaged ☐ Missing				
Effluent Filters □ Present □ Missing	Effluent Filters □ Present □ Missing	uent Filters □ Present □ Missing				
If present, were they cleaned? \Box Yes \Box No	If present, were they cleaned? ☐ Yes ☐ No	If present, were they cleaned? \Box Yes \Box No				
Other Solids Removed Type of Material: Filter Media Peat Other:						
Was dewatering necessary? ☐ Yes ☐ No ☐ N/A If Yes, Volume: gal						
Solid Waste Facility taken to:						
Spillage Did any spillage occur during the pumping process? ☐ Yes ☐ No If yes, was the area properly cleaned and disinfected? ☐ Yes ☐ No						



Ohio Department of Health Bureau of Environmental Health Residential Water and Sewage Program

SEPTAGE PUMPING REPORT FORM

the land represent the health of the land	(614) 644-7551	BEH@odh.ohio.gov	KEPOKI	FURIVI		
11:4 - 11 B 1:		NA/ I				
List all Repair	rs and Additional	work:				
Show the locat	Show the location of the tanks, driveway, water source, and any additional buildings:					
	·		,			
			House / Building			
			Journal of the second of the s			
Disposal Locat	ion:					
	iter Treatment Facili	ty Name of Facility:				
□Land Application Permit #: Address:						
Septage Haulin	g Company:		Phone #:	Registration #:		
Driver/Technici	ian Name (printed)		Driver/Technician Name (signate	Ture)		
Differ recilille	(pilited)		Directificati Name (Signat			

YOUR TANK(S) SHOULD BE SERVICED AGAIN IN: Years ____ Months

REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.