

Septic Tank Pumping & System Maintenance Record

(Kalamazoo County, Michigan)

Company: _____

Date Pumped: _____ **Owner:** _____

Address: _____

For Office Use Only

if No Physical File

CVT: _____

Septic Tank #1 Information:

<p>Tank Size (gallons): _____</p> <p>Construction Material: Poured <input type="checkbox"/> Block <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Outlet Baffle: Good <input type="checkbox"/> Poor <input type="checkbox"/> Absent <input type="checkbox"/> Not Inspected <input type="checkbox"/></p> <p>Effluent Filter: Good <input type="checkbox"/> Poor <input type="checkbox"/> Absent <input type="checkbox"/> Not Inspected <input type="checkbox"/></p> <p>Liquid Level at Outlet: Below <input type="checkbox"/> At <input type="checkbox"/> Above <input type="checkbox"/></p>	<p>Multi-Compartment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Riser(s) To Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Visible Structural Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Septic Tank Leaking: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is System Flooded: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Septic Tank #2 Information (If Applicable):

<p>Tank Size (gallons): _____</p> <p>Construction Material: Poured <input type="checkbox"/> Block <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Outlet Baffle: Good <input type="checkbox"/> Poor <input type="checkbox"/> Absent <input type="checkbox"/> Not Inspected <input type="checkbox"/></p> <p>Effluent Filter: Good <input type="checkbox"/> Poor <input type="checkbox"/> Absent <input type="checkbox"/> Not Inspected <input type="checkbox"/></p> <p>Liquid Level at Outlet: Below <input type="checkbox"/> At <input type="checkbox"/> Above <input type="checkbox"/></p>	<p>Multi-Compartment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Riser(s) To Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Visible Structural Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Septic Tank Leaking: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is System Flooded: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Pump Chamber (If Applicable):

Size (gallons): _____	Construction Material: Poured <input type="checkbox"/> Drywell <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/>				
Riser(s) To Grade: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Any Visible Structural Damage: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Pump Operational: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					

General Comments (repairs made, drywell pumped, system status, etc.):

Once completed, please e-mail (EHIncoming@kalamazoo.com) or fax (269-373-5333) completed form to Environmental Health. Thank You!

Sewage on the Ground / Soggy Yard?: Yes No

Total Volume Pumped (gallons): _____ **Pump Operator:** _____

