

Septic Tank Pumping & System Maintenance Record

(Kalamazoo County, Michigan)

Company: _____

Date Pumped: _____ **Owner:** _____

Address: _____

One: **Routine Maintenance** **Loan or Evaluation** **Necessary Repair**

For Office Use Only

if No Physical File

CVT: _____

Septic Tank #1 Information:

<p>Tank Size (gallons): _____</p> <p>Construction Material: Poured Block Plastic Other</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Outlet Baffle: Good Poor Absent Not Inspected</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Effluent Filter: Good Poor Absent Not Inspected</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Liquid Level at Outlet: Below At Above</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Multi-Compartment: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Riser(s) To Grade: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Visible Structural Damage: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Septic Tank Leaking: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Is System Flooded: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p>
---	--

Septic Tank #2 Information (If Applicable):

<p>Tank Size (gallons): _____</p> <p>Construction Material: Poured Block Plastic Other</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Outlet Baffle: Good Poor Absent Not Inspected</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Effluent Filter: Good Poor Absent Not Inspected</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Liquid Level at Outlet: Below At Above</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Multi-Compartment: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Riser(s) To Grade: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Visible Structural Damage: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Septic Tank Leaking: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Is System Flooded: Yes No</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/></p>
---	--

Pump Chamber (If Applicable):

Size (gallons): _____ Construction Material: Poured Drywell Plastic Other

Riser(s) To Grade: Yes No Unknown Any Visible Structural Damage: Yes No

Pump Operational: Yes No Unknown

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:** _____