

# Septic Tank Pumping & System Maintenance Record

(Kalamazoo County, Michigan)

Company: \_\_\_\_\_

*For Office Use Only*

Date Pumped: \_\_\_\_\_

Owner: \_\_\_\_\_

☐ ☒ if No Physical File

Address: \_\_\_\_\_

CVT: \_\_\_\_\_

☒ One: ☐ Routine Maintenance ☐ Loan or Evaluation ☐ Necessary Repair

## Septic Tank #1 Information:

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

## Septic Tank #2 Information (If Applicable):

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

## Pump Chamber (If Applicable):

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

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

Once completed, please e-mail ([EHIncoming@kalamazoo.com](mailto: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: \_\_\_\_\_

HCS - Environmental Health Unit  
311 East Alcott Street  
Kalamazoo, MI 49001



KALAMAZOO COUNTY GOVERNMENT  
In the Pursuit of Extraordinary Governance...  
Health and Community Services Department

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