OLD STONE HOUSE

FOR OFFICE USE ONLY

Map- **Lot-** **D-A-**

RECORD OF SEPTIC TANK CLEANING

PROPERTY INFORMATION

Date of Pumpout: _____ Town: **GUILFORD**

Address: _____ Owner Name: _____

☐ Residential ☐ Multifamily ☐ Commercial ☐ Municipal

PUMPER INFORMATION

Company Name: _____ Driver Name: _____

PUMPOUT INFORMATION

Reason for Pumpout: ☐ Routine
☐ Repair
☐ Property Transfer
☐ Filter Clogged

Structures Serviced: ☐ Tank
☐ Dry Well
☐ Cesspool
☐ Grease Trap

Tank Level Before Pumpout: ☐ High
☐ Low
☐ Normal

Estimated Tank Size: _____ Gal.

Gallons Pumped: _____

Outlet Baffle: ☐ OK
☐ Needs Repair

Inlet Baffle: ☐ OK
☐ Needs Repair

Outlet Filter: ☐ Yes
☐ No
☐ Cleaned

Riser Needed? ☐ Yes ☐ No

Observations: Effluent Runback Surface Breakout ☐ Plumbing Backup

Other: _____

SHOW APPROXIMATE LOCATION OF ALL STRUCTURES PUMPED. GIVE SWING TIE MEASUREMENTS FROM BUILDING CORNERS OR TWO PERMANENT IDENTIFIABLE POINTS. LABEL FRONT OF BUILDING AND SHOW LOCATION OF CLOSEST STREET OR ROADWAY.

DISCLAIMER: This document is a record that the septic tank was pumped on this date, and of the pumper's observations on this date. This is not an official inspection report on the subsurface sewage disposal system serving the premises.

PLEASE RETURN THIS FORM WITHIN 30 DAYS TO THE HEALTH DEPARTMENT IN THE TOWN WHERE THIS PROPERTY IS LOCATED