Local Health District
Erie County Health Department
420 Superior St.
Sandusky, OH 44870

SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

Pumping Date:	**County:** Erie	**Township:**
Pumping Location Address ***(include city & zip)***		
Name of Person making Request: ☐ ***check if this person is the owner***		**Phone #:**

TANK PUMPING INFORMATION	◉Residential ○Commercial	# of Tanks:_____	Total Gallons Pumped: _____ gal.

Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession.

☐Septic _____ ☐Aeration _____ ☐Holding _____ ☐Dosing _____ ☐Privy Vault _____ ☐Portable tank _____
☐Other _____ Type:_____

If applicable, what type Aeration tank? _____ Was the aerator motor? ☐ Present ☐ Missing

Check all that apply and place the number of the tank listed above next to the material type.

☐Concrete _____ ☐Fiberglass _____ ☐Plastic _____ ☐Brick _____ ☐Metal _____

Give the volume of each tank pumped:

Tank 1 _____gal Tank 2 _____gal Tank 3 _____gal Tank 4 _____gal

TANK CONDITION OBSERVATIONS

Tank Condition ☐Good ☐Poor ☐Could not determine **If Poor, which tank?** ☐1 ☐2 ☐3 ☐4 ☐all
Risers: ☐Present ☐Absent, which tank ☐1 ☐2 ☐3 ☐4 ☐all **Riser located over:** ☐Inlet ☐Center of Tank ☐Outlet
Riser Lids: ☐Present ☐Absent, which tank ☐1 ☐2 ☐3 ☐4 ☐all **Risers and Lids Condition:** ☐Good ☐Poor
Evidence of Leaking? ☐Yes ☐ Inconclusive
Which tank? ☐1 ☐2 ☐3 ☐4 ☐all at the (check all that apply) ☐Tank ☐Riser ☐Inlet ☐Outlet ☐Inconclusive
High Water Level at time of pumping ☐ Yes ☐ No ☐ Could not determine If yes which tank? ☐1 ☐2 ☐3 ☐4 ☐all
Evidence of previous tank high water level observed ☐ Yes ☐ Inconclusive If yes which tank? ☐1 ☐2 ☐3 ☐4 ☐all
Baffle(s) and Tee(s) ☐Present ☐Absent ☐Not observed If absent which tank? ☐1 ☐2 ☐3 ☐4 ☐all
Baffle(s) or Tee(s) Condition (if observed): ☐ Good ☐Poor If Poor, which tank? ☐1 ☐2 ☐3 ☐4 ☐all
Effluent Filters ☐Present ☐Missing ☐N/A, tank older than 2007 If present, were they cleaned? ☐ Yes ☐ No
Other Solids Removed Type of Material: ☐ Filter Media ☐ Peat ☐ Other: _____
Was dewatering necessary? ☐ Yes, _____ gal ☐ No ☐ N/A **Solid Waste Facility taken to**: _____
Did spillage occur during pumping process? ☐ Yes ☐ No If yes, was area properly cleaned and disinfected? ☐ Yes ☐ No

List all Repairs, Additional Work and Comments:

Disposal Location:

☐Waste Water Treatment Facility Name of Facility: _____

☐Land Application Permit #:_____ Address:_____

Driver/Technician Name (printed)	**Company Phone #:**
Septage Hauling Company:	**Registration #:**

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: _____ Years _____ Months

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

A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District