Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage Program
(614) 644-7551 BEH@odh.ohio.gov

SEPTAGE PUMPING REPORT FORM

Pumping Date:	**County:**	**Township:**
Pumping Location Address ***(include city & zip)***		
Property Owner Name:		**Phone #:**

TANK PUMPING INFORMATION	☐Residential ☐Commercial	# of Tanks:_____ # of Portable Toilets: ________	Total Gallons Pumped: ___________ gallons

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 and Additional Work:

Disposal Location:

☐Waste Water Treatment Facility Name of Facility: ____

☐Land Application Permit #:_________ Address:____

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

YOUR TANK(S) SHOULD BE SERVICED AGAIN IN: _____ Years _____ Months

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

 Provide a copy to the System Owner and the Local Health District