



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

# SEPTAGE PUMPING REPORT FORM

<b>Pumping Date:</b>	<b>County:</b>	<b>Township:</b>
<b>Pumping Location Address (include city &amp; zip)</b>		
<b>Property Owner Name:</b>		<b>Phone #:</b>

<b>TANK PUMPING INFORMATION</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	# of Tanks: _____ # of Portable Toilets: _____	Total Gallons Pumped: _____ gallons
<b>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.</b>			
<input type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing			
<b>Check all that apply and place the number of the tank listed above next to the material type.</b>			
<input type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____			
<b>Give the volume of each tank pumped:</b>			
Tank 1 _____ gal      Tank 2 _____ gal      Tank 3 _____ gal      Tank 4 _____ gal			

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

<b>Disposal Location:</b>
<input type="checkbox"/> Waste Water Treatment Facility Name of Facility: _____
<input type="checkbox"/> Land Application Permit #: _____ Address: _____

<b>Septage Hauling Company:</b>	<b>Phone #:</b>	<b>Registration #:</b>
<b>Driver/Technician Name (printed)</b>	<b>Driver/Technician Name (signature)</b>	

<b>YOUR TANK(S) SHOULD BE SERVICED AGAIN IN:</b> _____ Years _____ Months
<i>REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.</i>