

**UPPER MAKEFIELD TOWNSHIP
ON-LOT SEWAGE DISPOSAL SYSTEM (OLDS) MANAGEMENT PROGRAM
PUMPER/INSPECTOR REPORT**

Completion of this report is required by Upper Makefield Township (Ordinance 311) for information purposes only and should not be deemed to be a certification of conditions by the Pumper/Inspector. A copy of this report is to be submitted to Upper Makefield Township and the property owner listed below. The Pumper/ Inspector must submit the Pumper /Inspector Report for EVERY tank Pumped in UMT within 20 days after the work has been completed. When repairs are required to the system, and/or there is a documented OLDS malfunction, a copy of this report must be sent to Upper Makefield Township by both the property owner and the Pumper/ Inspector within fifteen (15) days of the work being completed.

Please Print All Information.

Preliminary Information

Property Owner's Name: _____ Tax Parcel #: _____
 Mailing Address: _____ Date of Pumping: _____
 _____ Date of Last Pumping: _____
 Site Address: _____ Number of Bedrooms: _____
 _____ Number of Occupants: _____
 Telephone: _____

OLDS Information

*****Pumping MUST occur from the manhole. Pumping CANNOT occur from the inspection port.*****

System Type: _____ Standard Trench _____ IRSIS
 _____ Standard Bed _____ Drip Disposal
 _____ Elevated Sand Mound _____ At-Grade
 _____ Elevated Sand Trench _____ Drip Micromound
 _____ A/B System _____ Seepage Bed
 _____ Seasonal Holding Tank _____ Holding Tank
 _____ Cesspool _____ Other: _____

Known History of OLDS Repairs: _____

Treatment Tank(s)

_____ Septic Tank Capacity (gal) _____ # of Compartments _____
 Material _____
 _____ Cesspool Capacity (gal) _____ # of Compartments _____
 Material _____
 _____ Other Capacity (gal) _____ # of Compartments _____
 Material _____

	OK	NOT OK	N/A		OK	NOT OK	N/A
Tank	_____	_____	_____	Liquid Level Tank	_____	_____	_____
Lid/Risers (if appl.)	_____	_____	_____	Effluent Filter	_____	_____	_____
Baffles	_____	_____	_____				

Tank Type: _____ Cylindrical _____ Rectangular _____ One Compartment _____ Two Compartment
 Sludge Depth: _____ Amount of septage removed (gal): _____
 Measured Liquid Level: _____ Depth below surface to septic tank: _____
 Leak found inside tank: _____ Depth of Scum Layer: _____

Holding Tank(s)

Section N/A: _____

_____ Seasonal Use Capacity (gal) _____

Material _____

_____ Permanent Capacity (gal) _____

Material _____

Frequency of Pumping: _____ Date of Last Pumping: _____

Distribution System

Does effluent from the absorption area run back into the treatment tank? Yes _____ No _____

Evidence of effluent surfacing above the treatment tank(s)? Yes _____ No _____

Evidence of any overflow lines? Yes _____ No _____

Pump Tank

Section N/A: _____

_____ Lift Tank

_____ Dosing Tank

Capacity (gal): _____

Material: _____

Dimensions: _____ x _____ x _____

	OK	NOT OK	N/A		OK	NOT OK	N/A
Tank	_____	_____	_____	Electrical	_____	_____	_____
Top/Lids/Risers	_____	_____	_____	Connections	_____	_____	_____
Pump/Siphon Operation	_____	_____	_____	Pump Elev. Off Tank	_____	_____	_____
Alarm	_____	_____	_____	Floor	_____	_____	_____

Accumulated solids found in pump tank? Yes _____ No _____

Infiltration of surface water? Yes _____ No _____

Absorption Area

Section N/A: _____

Are there signs of previous absorption facility failure? Yes _____ No _____

Are there any overflow lines? Yes _____ No _____

Observed Conditions (check all that apply)

Weather Conditions: _____ Drought _____ Dry _____ Rain

_____ High Water Level in Tank *(Above inlet pipe? Y / N)*

_____ Abundant Grass Growth Near System or Site*

_____ Noticeable Odors

_____ Surfacing Sewage / Effluent*

_____ Wet or Soggy Areas Near System or Site*

_____ Backflow of Water from Absorption Area into Tank*

_____ Sewage Backup into House*

_____ Other: _____

**(Please circle location of observed condition: absorption area / pump tank / septic tank on OLDS Sketch)*

Comments: _____

Summary of System Component Inspection

	OK	NOT OK	N/A
Treatment Tank(s)	_____	_____	_____
Holding Tanks(s)	_____	_____	_____
Distribution System	_____	_____	_____
Pump Tank(s)	_____	_____	_____
Absorption Area	_____	_____	_____

Recommend repairs? Yes _____ No _____

Recommendations: _____

Maintenance Performed

_____ Baffle Replacement

_____ Inspection Ports

_____ Alarm System

_____ Extensions (riser rings)

_____ Snaked the Line

_____ Other: _____

Sketch of OLDS

North Arrow

Signature Certification

Inspector Name: _____

Inspector Signature: _____

Inspector Phone Number: _____

Pumper/Inspector Company Name: _____

Date: _____

THIS FORM IS NOT TO BE USED FOR REAL ESTATE TRANSACTION PURPOSES