

Township use only

Date entered: \_\_\_\_\_

Initials: \_\_\_\_\_

BCHD: Yes No

SEWAGE MANAGEMENT PROGRAM
PUMPER/INSPECTOR REPORT
Upper Makefield Township
1076 Eagle Road Newtown, PA 18940
PH# (215) 968-3340 - FAX #215-968-9228
Please Print All Information

(Form to be Completed by licensed Pumper/Inspector)



Section I. PRELIMINARY INFORMATION

Owner's Name: \_\_\_\_\_

Tax Parcel #: 47 \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Pumping: \_\_\_\_\_

\_\_\_\_\_

Date of Last Pumping: \_\_\_\_\_

Site Address (Check if same) ( ) \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Disposal on site? Y / N

Number of Occupants: \_\_\_\_\_

Section II. ON-LOT SEPTIC SYSTEM INFORMATION

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

System Type (Please Check):

- Std. Trenches
Std. Seepage Bed
Elevated Sand Mound
Other (Specify)

Tank condition: \_\_\_\_\_

- Tank type: (Please check) Cylindrical Rectangular
One Compartment Two Compartment

Sludge depth: \_\_\_\_\_

Septic Tank Size (Gallons) (Please check)

- 500 1000 1500 Other

Liquid level: \_\_\_\_\_

Pump Tank Size (Gallons) (Please Check)

- 500 1000 Other

Depth below surface to septic tank: \_\_\_\_\_

Leak found inside tank: \_\_\_\_\_

Condition of baffles: \_\_\_\_\_

Maintenance Performed: (Check any of the following):

- Baffle Replacement Extensions (riser rings) Inspection Ports Snaked the Line Alarm System
Other

Known History of OLDS Repairs: \_\_\_\_\_

Section III. OBSERVED CONDITIONS: (Check all that apply):

High Water Level in Tank
(Observed condition is above the inlet pipe on the septic tank? Y or N)

Depth of Scum Layer on Top of Tank: \_\_\_\_\_
(in inches)

- Noticeable Odors
Wet Areas Near System or Site
Sewage Backup into House\*
Abundant Grass Growth Near System or Site
Surfacing Sewage / Effluent\*

- Weather Conditions:
Drought
Dry
Rain

(Please circle location of observed condition: absorption area / pump tank / septic tank)

Back flow of Water From Absorption Area into Tank\*

Other: \_\_\_\_\_

NOTICE: 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 above. 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 septic system 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.

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

Pumper/Inspector Company Name: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_