

Upper Makefield Township

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SEWAGE MANAGEMENT PROGRAM PUMPER/INSPECTOR REPORT
(Form to be completed by licensed, UMT registered 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) () Number of Bedrooms:
Number of Occupants:
Owner's Email: Disposal on site? Y / N
Owner's Telephone: Site in Dolington or Taylorsville area? Y / N

Section II. OLDS Information

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

System Type (Please Check): A/B System Drip Micromound
Std. Trenches Seasonal Holding Tank Seepage Bed
Std. Seepage Bed Cesspool Holding Tank
Elevated Sand Mound IRSIS Other(specify):
Elevated Sand Trench Drip Disposal At-Grade
Known History of OLDS Repairs:

Section III. Treatment Tank(s)

Tank Type Type (Please Check): Tank Size (Gallons): # of Compartments: Material:
Septic Tank Cylindrical Rectangular
Cesspool One Compartment Two Compartment
Other (Specify): Sludge Depth: Amount of septage removed (gal):
Measured Liquid Level: Depth below surface to septic tank:
Depth of Scum Layer:
Inspections: (Please Check):
Tank: OK Not OK N/A Liquid Level Tank: OK Not OK N/A
Lid/Risers (if appl) OK Not OK N/A Effluent Filter: OK Not OK N/A
Baffles OK Not OK N/A Leak found inside tank (Please Check): Yes No

Section IV. Holding Tank(s)

Section N/A: Yes No

Please Check: Seasonal Use: Permanent: Capacity (gal): Material:
Frequency of Pumping: Date of Last Pumping:

Section V. Distribution System

Does effluent from the absorption area run back into treatment tank? Yes No
Evidence of effluent surfacing above the treatment tanks(s)? Yes No Evidence of any overflow lines? Yes No

Section VI. Pump Tank

Section N/A: Yes No

Please Check: Lift Tank: Dosing Tank Capacity (gal): Material:
Inspections: (Please Check): Dimensions: X X
Tank: OK Not OK N/A Electrical: OK Not OK N/A
Top/Lid/Risers: OK Not OK N/A Connections: OK Not OK N/A
Pump/Siphon Operation: OK Not OK N/A Pump Elev. Off Tank Floor: OK Not OK N/A
Alarm: OK Not OK N/A Accumulated solids found in pump tank? Yes No
Infiltration of surface water? Yes No

Section VII. Absorption Area

Section N/A: Yes No

Are there signs of previous absorption facility failure? Yes No Are there any overflow lines? Yes No

Section VIII. Observed Conditions: (Check all that apply)

Weather Conditions: Drought: Dry: Rain:
High Water Level in Tank Yes No Abundant Grass Growth Near System or Site*: Yes No
(Observed condition is above the inlet pipe on the septic tank?) Surfacing Sewage/Effluent*: Yes No
Noticeable Odors Yes No Backflow of Water from Absorption Area into Tank?: Yes No
Wet or Soggy Areas Near System or Site*: Yes No Sewage Backup into House*: Yes No
Other: *{Please circle location of observed condition: Absorption area/Pump tank/septic tank on OLDS sketch}

Section IX. Summary of System Component Inspection

Treatment Tank(s): OK Not OK N/A Holding Tank(s): OK Not OK N/A
Distribution System: OK Not OK N/A Pump Tank(s): OK Not OK N/A
Absorption Area: OK Not OK N/A Recommended Repairs? Yes No

Section X. Maintenance Performed

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

Section XI. Sketch of OLDS (See grid on back of form)

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 the property owner listed above. The Pumper/ Inspector must submit the Pumper Hauler Report for EVERY tank Pumped in Upper Makefield Township 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. Repairs must be made within 60 days.

Pumper/Inspector Company Name: Pumper/Inspector Signature:
Pumper/Inspector Phone Number: Pumper/Inspector Name:
Pumper/Inspector Email: Date:

Submission Instructions: Email completed form to codeoffice@uppermakefield.org or fax completed form to the Township at (215) 968-9228

