

Type or Print All Information.

WEST HEMPFIELD TOWNSHIP SEPTIC SYSTEM REPORT

PIN # _____

Date of Pumping _____ / _____ / _____

1. Property Owner's Name _____

Address _____ Site Address (if different) _____

2. Treatment Tank Type: Septic Tank Aerobic Tank Cesspool Other _____

3. Absorption Area Type: Sand Mound In Ground Dry Well Other _____

4. Date system was installed (if known, approximate date) _____ / _____ / _____

5. Date of last pump out (if not known, approximate date) _____ / _____ / _____

6. List of other maintenance performed:

- Extensions (riser rings or manhole) added
- Inspection Ports added
- Snaked the Line
- Checked pump and alarm system (if applicable)
- Other _____
- None of the above required

Draw and label a sketch of the property (include: property lines, roads, structures, septic system components, well, etc.)

7. Check any of the following conditions observed:

- Water Leak from House
- Missing or Deteriorated Baffle(s)
- High Water Level in Tank
- Wet Areas Near System
- Noticeable Odors / Grey Water Area
- Sewer Backup into House
- Abundant Grass Growth Near System
- Backflush of Water from Absorption Area to Tank
- Other _____
- None of the above required

8. Correction required: Yes No

If yes, specific recommendations: _____

9. Amount of septage removed from tank _____ Gallons.

10. Disposal Site _____ DEP Permit # _____

Name of Inspector / Pumper _____ Company _____

Signature of Inspector / Pumper _____

NOTICE - Completion of this report is required by West Hempfield Township for information purposes only and shall not be deemed to be any certification of conditions for real estate purposes.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to: WEST HEMPFIELD TOWNSHIP, 3476 MARIETTA AVENUE, LANCASTER, PA 17601.