

East Pennsboro Township Septic System Report

1. Date of Pumping _____ / _____ / _____
2. Property Owner's Name _____
Address: _____

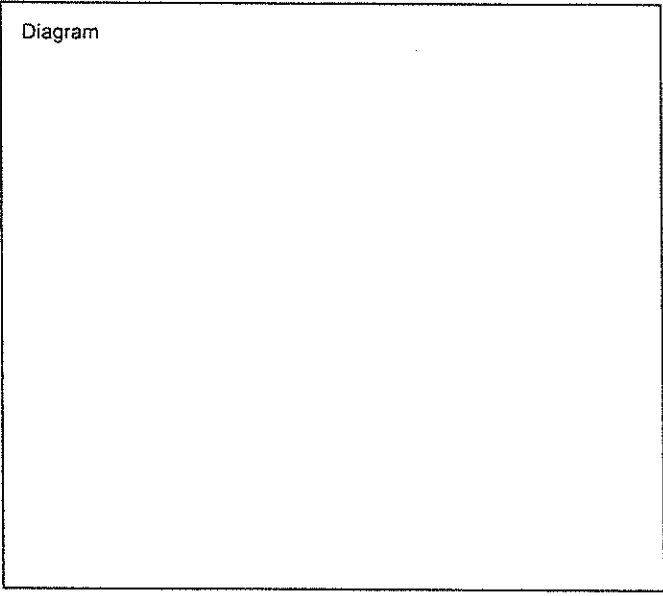
City _____ State _____ Zip Code _____

3. Address of Tank Location (if different than #2) _____
4. Treatment Tank Type: Septic Tank _____ Aerobic Tank _____ Cesspool _____ Other _____
5. Absorption Area Type: Sand Mound _____ In Ground _____ Dry Well _____ Other _____

6. Diagram the tank location within the property (use box below), including the location of any markers, risers, and access hatches.
Description of tank location: _____

7. Date system was installed (if not known, approximate date) _____ / _____ / _____
8. Date of last pump out (if known, approximate date) _____ / _____ / _____

9. List of other maintenance performed.
- Extensions (riser rings or manhole) added
 - Inspection Ports added
 - Snaked the line
 - Other _____



10. 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
 - Sewer Backup into House
 - Abundant Grass Growth Near System
 - Backflush of Water from Absorption Area to Tank
 - Other _____

11. Amount of septage removed from tank _____ Gallons.
12. Recommendations _____

13. Disposal Site _____ DEP Permit # _____
- Signature of Pumper _____ Company _____

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