

Pump-Out Record

Property address: _____

Name of Owner: _____ Phone Number: _____

Email of Owner: _____

Pumping date: dd / mm / yyyyTank type: ☐ Septic Tank ☐ Holding TankTank material: ☐ Concrete ☐ Steel ☐ Plastic

Tank size: _____

Baffles in place: ☐ Yes ☐ NoEffluent level: ☐ Correct ☐ Too Low ☐ Too highEffluent back-up from the leaching bed: ☐ Yes ☐ No How long: _____Tank condition: ☐ Good ☐ Fair ☐ Poor

Notes: _____

Pumped by (Company Name): _____

Name of the Person Pumping Tank: _____ Signature: _____

This information is available in accessible formats upon request