

DICKINSON TOWNSHIP, CUMBERLAND COUNTY
SEPTIC SYSTEM REPORT

Township Use Only

- 1. Date of Pumping: _____
- 2. Treatment: ___ Septic Tank ___ Aerobic Tank ___ Cesspool ___ Filter ___ Baffle ___ Dry well ___ Advantex
- 3. System Type: ___ Sand Mound ___ In Ground ___ At-Grade ___ Press Dose ___ Eco Flo ___ Eljen
- 4. Property Owner's Name: _____ Phone: _____
Mailing Address: _____

City State Zip Code

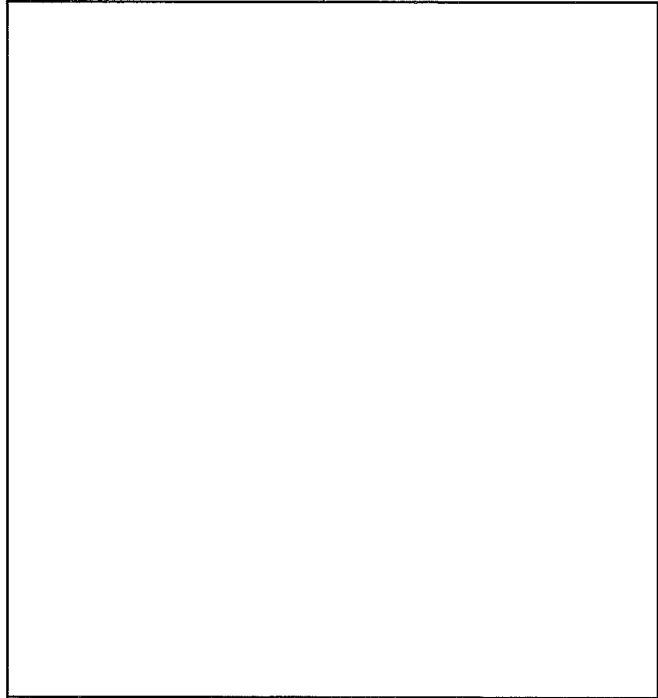
- 5. Address of Tank Location : _____
(if different than #4) City State Zip Code

- 6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description: _____

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

- 9. List of other maintenance performed.
 - () Baffle replacement
 - () Extensions (riser rings)
 - () Inspection ports
 - () Snaked the line
 - () Other _____

Diagram of System



- 10. Check any of the following conditions observed.
 - () High water level in tank
 - () Wet areas near system or site
 - () Noticeable odors
 - () Sewer backup into house
 - () Abundant grass growth near system or site
 - () Back flush of water from absorption area to tank
 - () Any other indication of system malfunction
 Explain: _____

- 11. Size of Tank
 - () 500 gallon tank () 1750 gallon tank
 - () 750 gallon tank () 2000 gallon tank
 - () 1000 gallon tank () 2250 gallon tank
 - () 1250 gallon tank () 2500 gallon tank
 - () 1500 gallon tank () Other _____

- 12. Amount of septage removed (in gallons) _____
- 13. Destination of the septage (name of treatment facility, include address if private property) _____
DEP Permit # _____

Signature of Pumper: _____ Company: _____

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify that, to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof. A copy of this report is to be submitted to the property owner listed above and a copy mailed to the Township within thirty (30) days after pumping to:

Dickinson Township Municipal Building
219 Mountain View Road, Mount Holly Springs, PA 17065