

**DICKINSON TOWNSHIP, CUMBERLAND COUNTY**  
**SEPTIC SYSTEM REPORT**

Township Use Only

1. Date of Pumping: \_\_\_\_\_ Sludge Test Date: \_\_\_\_\_
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
  - 750 gallon tank
  - 1000 gallon tank
  - 1250 gallon tank
  - 1500 gallon tank
  - 1750 gallon tank
  - 2000 gallon tank
  - 2250 gallon tank
  - 2500 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**