

POCONO TOWNSHIP SEWAGE PUMPING REPORT

PROPERTY OWNER'S NAME: _____
(Print clearly with correct spelling)

Address _____ City _____ State _____ Zip _____

Lot _____ Subdivision _____

Street, Lot # or Road Name _____

SEPTIC SYSTEM CHECK LIST:

DATE OF PUMPING _____
COMMERCIAL _____ SINGLE FAMILY _____ MULTI-FAMILY _____
TANK CAPACITY (GALLONS) _____
TYPE OF TANK _____ (Concrete, Metal, Plastic, Stone)
RISERS TO GRADE _____
DOSING TANK TYPE _____ (Concrete, Metal, Plastic, Stone)
DOSING TANK CAPACITY _____
DRAINAGE SYSTEM _____ (Sand Mound, Field, Cesspool, Trench)
OBSERVATION OF DRAIN FIELD: OK _____ SURFACE DISCHARGE _____ LUSH VEGETATION _____

CONDITION OF BAFFLES _____
BACK FLOW: YES _____ NO _____
INFLOW OBSERVED: YES _____ NO _____
CONDITION OF ALL COMPONENTS: SATISFACTORY _____ NOT SATISFACTORY _____
CONDITION AT OR AROUND SYSTEM: _____ _____ _____ _____ _____ _____
IF REPAIRS WERE MADE INCLUDE PERMIT # _____

Please remit to: POCONO TOWNSHIP
205 OLD MILL ROAD
TANNERSVILLE, PA 18372

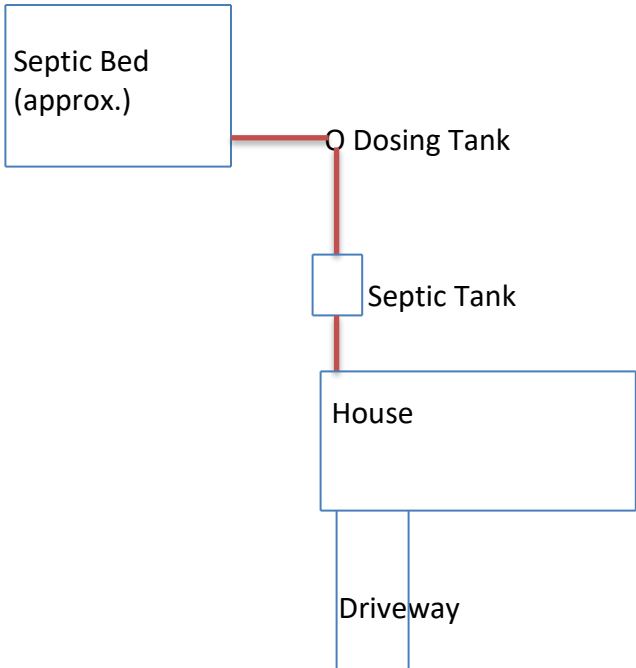
COMPANY NAME _____

PA SEPTAGE HAULERS LICENSE _____

PUMPER SIGNATURE _____ PRINT NAME _____

*Please use the provided diagram on back of this page to show location of septic system

SAMPLE OF DIAGRAM SHOWING APPROXIMATE LOCATION OF THE HOUSE SEPTIC TANKS AND SEPTIC SYSTEM.
THIS DIAGRAM SHOWS IT TOWARDS THE RIGHT REAR AS AN EXAMPLE. EACH LOT WILL VARY AS TO LOCATION, FRONT, REAR, AND SIDES OF PROPERTY



Draw Location here