Robeson Township Sewage Management Program
Pumper's Inspection Report

SUBMIT: Completed Report, Pumping Receipt and a $35 Check Made Payable to Robeson Township
to Robeson Township, 8 Boonetown Rd, Birdsboro, PA 19508. If you have any questions or require additional information please contact us at 610.582.4636. Hrs Mon-Fri, 8am-4pm.

Property Owner Information:

Name (print): _____ Tax Parcel ID #: _____
Signature (required): _____ Date of Last Pumping: _____
Property Address: _____ Property Use: ___ Residential ___ Non-Residential
Telephone #: _____ Email address: _____

Inspector/Pumper Information:

Date of Inspection: _____ PSMA#: _____
Name (print): _____ Signature: _____
Company Name: _____
Business Address: _____
Telephone #: _____ Email address: _____

This inspection does not warranty or guarantee the proper functioning of the on-lot system for any period of time. By signing above, the property owner and inspector each attest that all information provided in this report is true and accurate to the best of his or her knowledge.

Section 1. General Information

Does sewage or gray water effluent discharge to the ground level? ___ Yes ___ No
Is there a garbage grinder connected to the system: ___ Yes ___ No

Section 2. Inspection Information

A. ___ Septic Tank ___ Cesspool ___ Aerobic Tank ___ Holding Tank ___ Other: _____

1. Is there a 24" diameter access extended to within 12" of final grade? ___ Yes ___ No
If the answer is no, please describe: _____
2. Is the tank structurally sound, with no evidence of leaks and cracks? ___ Yes ___ No
3. Is the tank lid/access structurally sound? ___ Yes ___ No
4. Are the baffles intact? **Inlet:** ___ Yes ___ No **Outlet:** ___ Yes ___ No ___ N/A (Cesspool, Holding tank, etc.)
5. Is there an effluent filter? ___ Yes ___ No
6. Was it cleaned at pump out? ___ Yes ___ No ___ N/A
7. Depth of scum/sludge greater than 1/3 liquid depth in tank? ___ Yes ___ No ___ N/A
8. Absorption area backflow into tank during/after pumping? ___ Yes ___ No ___ N/A
9. Quantity pumped (gallons): _____ (please attach pumping receipt)

B. ___ Pump Tank ___ Siphon Tank ___ N/A

1. Is the tank structually sound, with no evidence of leaks and cracks? ___ Yes ___ No
2. Is the tank lid/access structurally sound? ___ Yes ___ No
3. Is the tank access at grade? ___ Yes ___ No
4. Is the pump/siphon/alarm functioning? ___ Yes ___ No
5. Are the electrical connections satisfactory? ___ Yes ___ No

C. Other Observations:

1. Is surface/storm water directed over tank(s) or drain field? ___ Yes ___ No
2. Are any of the following present? ___ Water ponding or sufacing ___ Piped Discharge
___ Wetness or spongy areas ___ Lush Green Grass ___ Other:_____ ___ No Problem Observed
3. Maintenance Recommendations: _____
4. Repair Recommendations: _____
5. Additional Notes: _____