Township use only			
Cycle	1	2	3
Date entered:			
Initials:			
BCHD:	Yes	No	

SEPTAGE MANAGEMENT PLAN - PUMPER'S REPORT

Doylestown Township
425 Wells Road, Doylestown, PA 18901
PH# 215-348-9915 - FAX# 215-348-8729

Please Print All Information

Section I. PRELIMINARY INFORMATION (To be Completed by Homeowner):

Owner's Name: _____
Mailing Address: _____
_____
Site Address (Check if same) ( ) _____
_____
_____

Tax Parcel #: 09-_____
Date of Pumping: _____
Date of Last Pumping: _____
Telephone: _____
Number of Bedrooms: _____
Number of Occupants: _____

Section II. SEPTIC SYSTEM (To Be Completed by Pumper/Hauler/Installer/Designer):

Pumping MUST occur from the manhole. Pumping CANNOT occur from the inspection port *

System Type (Please Check) :
- ☐ Std. Trenches
- ☐ Std. Seepage Bed
- ☐ Elevated Sand Mound
- ☐ Other (Specify)_____

Tank Size (Gallons) (Please check)
☐ 500 ☐ 750 ☐ 1000
Other (Specify) _____

Tank condition: _____
Tank type: _____
Sludge content: _____
Amount of septage removed (gallons): _____
Liquid level: _____
Depth below surface to septic tank: _____
Leaks found inside tank: _____
Condition of baffles: _____

Maintenance Performed: (Check any of the following):
☐ Baffle Replacement ☐ Extensions (riser rings) ☐ Inspection Ports ☐ Snaked the Line ___ Alarm System
___ Other: _____

History of OLDS Repairs: _____

Section III. OBSERVED CONDITIONS: (Check all that apply):

☐ High Water Level in Tank
(Observed condition is above the inlet pipe on the septic tank? Y or N)
☐ Noticeable Odors
☐ *Wet Areas Near System or Site
☐ *Sewer Backup into House
☐ Abundant Grass Growth Near System or Site
☐ *Surfacing Sewage
(Please circle location of observed condition: absorption area / pump tank / or septic tank)
☐ Back flow of Water From Absorption Area to Tank
___ Other: _____

Depth of Scum Layer on Top of Tank: _____ (in inches)

Weather Conditions:
- ☐ Drought
- ☐ Dry
- ☐ Rain
- ☐ Snow

Pumper/Hauler/Installer/Designer Company Name: _____
Pumper/Hauler/Installer/Designer Signature: _____

NOTICE: Completion of this report is required by Doylestown Township (Ordinance #299) for information purposes only and shall not be deemed to be a certification of conditions by the Pumper/Hauler/Installer/Designer.

THIS FORM IS NOT TO BE USED FOR REAL ESTATE TRANSACTION PURPOSES.

A copy of this report is to be submitted to the property owner listed above and a copy sent to Doylestown Township within five (5) days of the work being completed.

[White-Township] [Canary-Property Owner] [Pink-P&H Company]

Revised: 7/27/04