

BETHEL TOWNSHIP

ON-LOT SEWAGE MANAGEMENT REPORT

DATE: _____

OLDS DISTRICT: **A** or **B**

PROPERTY OWNER: _____

OWNER ADDRESS: _____

OWNER TOWN, STATE, ZIP: _____

SITE ADDRESS: _____

TREATMENT SYSTEM:

- Septic Tank
Capacity (gals) _____
Material _____
- Aerobic Tank
- Cesspool
- Drywell

SYSTEM TYPE:

- Sandmound
- In-Ground

Notes: _____

SEWAGE PERMIT NUMBER: _____

DATE INITIALLY INSTALLED: _____

DATE LAST PUMPED: _____

DATE OF THIS PUMPING: _____

GALLONS OF MATERIAL REMOVED: _____

MAINTENANCE PERFORMED:

- Baffle Replacement
- Extensions/Riser Rings
- Inspection Ports
- Snaked the Line
- Other: _____

CONDITIONS OBSERVED:

- Defective tank components
(lid, divider baffle, etc) _____
- Water level above outlet pipe elevation
- Back-flow of water from absorption area
- Inflow from building to verify connection
- Surface discharge or ponding
- Other: _____

Pumper/Hauler name: _____

Pumper/Hauler signature: _____

Company name: _____

Company Owner Signature: _____

DEP Permit Number: _____

Septage Destination Facility: _____

Destination Address: _____

Destination Town, State, ZIP: _____

Malfunction Witnessed or Other Notes: _____

PROVIDE A SKETCH SHOWING THE LOCATION OF THE FOLLOWING (with distances to two fixed landmarks):
Treatment Tank(s), Pump Tank(s), Filter Tank(s), Distribution Box, Absorption Area, etc