

Septic System Report

Property ID # 160- _____
(to be added by Township)

West Donegal Township
One Municipal Drive
Elizabethtown, PA 17022
717-367-7178

Pumping Date: ____/____/____

Property Owner's Name _____

Address: _____

Site Address (if different) _____

Treatment System: Septic Tank Aerobic Tank Cesspool Other _____

Absorption Area: Sand Mound In Ground Dry Well Other _____

Date system was installed (if known, approximate date/year) ____/____/____

Date of last pump out (if known, approximate date/year) ____/____/____

Check Any of the Following Conditions Observed:

- Missing or Deteriorated Baffle(s)
- Abundant Grass Growth Near System
- Noticeable Odors/Grey Water Discharge
- Crack or Hole in Tank Wall
- High Liquid Level in Tank
- Low Liquid Level in Tank
- Backflush of Water from Absorption Area to Tank
- Structures Over System
- Visible Malfunction
- None

Draw & label sketch of property (include property lines, roads, septic system components, well etc.)

Maintenance Performed:

- Extensions (riser rings or manhole) Added
- Snaked the Line
- Inspection Ports Added
- Pump & Alarm System Check(if applicable)
- Other _____
- None of the above required

System Correction Required: YES NO

If yes, specific recommendations:

Tank Size: _____ gallons Septage Removed: _____ gallons

Disposal Site: _____ DEP Permit # _____

Name of Pumper/Inspection Company _____

Name and Signature of Pumper/Inspector _____

Print Name and Sign

Property Owner: Return White Copy to West Donegal Township

NOTICE: Completion of this report is required by West Donegal Township for information purposes only and shall NOT be deemed to be any certification of conditions for real estate purposes.

WHITE - Township

YELLOW - Property Owner

PINK - Pumper/Inspector