

TOWNSHIP OF LYKENS

LYKENS TOWNSHIP SEPTIC TANK PUMPER'S REPORT

Date \_\_\_\_\_

Tax Parcel No. (GIS) \_\_\_\_\_

PA DEP Permit No. \_\_\_\_\_

1. Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

2. Address of Tank Location (If different than #1) \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

3. Date When System Was Installed (If no known, approximate date): \_\_\_\_\_

4. Date of last pump out (if not known, approximate date): \_\_\_\_\_

5. Treatment System: \_\_\_\_\_ Septic Tank: \_\_\_\_\_ Aerobic Tank: \_\_\_\_\_ Cesspool: \_\_\_\_\_

Other (explain) \_\_\_\_\_

6. System Type: \_\_\_\_\_ Sand Mound \_\_\_\_\_ In-Ground \_\_\_\_\_ Other (explain below)

7. Number of septic tanks: \_\_\_\_\_

8. Size of septic tank(s): \_\_\_\_\_ gallons

9. Description and Diagram of the Location of the Tank, Distribution Box, and Absorption Area (use box below), include the location of any risers, covrs, or access hitches. Provide distances to two fixed landmarks.

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for drawing a diagram of the tank, distribution box, and absorption area.

10. List of other maintenance performed:

- Baffle replacement
- Extensions (riser rings)
- Cleaned distribution box
- Inspection ports
- Snaked the line
- Other \_\_\_\_\_

11. Check any of the following conditions observed:

- High water level in tank
- Wet areas near system or site
- Noticeable odors
- Sewer backup into house
- Large amount of scum in tank
- Discharge of sewage to the surface water, ground water or to the surface of the ground – (NOTIFY TOWNSHIP IMMEDIATELY)
- Backflush of water from absorption area to tank
- Abundant grass growth near system or site
- Other \_\_\_\_\_

12. Amount of septage of other solid or semisolid material removed: \_\_\_\_\_ gallons

13. Recommendations: \_\_\_\_\_  
\_\_\_\_\_

14. Destination of septage (name of treatment facility; include address if private property):

\_\_\_\_\_

Signature of inspector: \_\_\_\_\_

Company Name: \_\_\_\_\_

PSMA Certification No.: \_\_\_\_\_