

LYKENS TOWNSHIP, DAU. CO. SEPTIC PUMPER'S REPORT
2073 East Middle Road, Lykens, PA 17048, Tele-717-365-3617 * FAX-717-365-3506

Date _____; Tax Parcel #39-_____;

1) Property Owner : _____

Address: _____ City: _____ State: _____ Zip Code: _____

2) Address of tank location: _____ City: _____ State: _____ Zip Code: _____

3) Date system was installed: _____; 4) Date of last pumping: _____

5) Treatment System: Septic Tank: _____ Aerobic Tank: _____ Cesspool: _____ Dry Well: _____ Other: _____

6) System Type: Sand Mound: _____ In Ground: _____ Other: _____

7) Number of Septic Tanks: _____ 8) Size of Septic Tank (s) gallons: _____

9) Description and diagrams: See BACK of Page;

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;

() Backflush of water from absorption area to tank; () Wet areas near system or site;

() Abundant grass growth near system or site; () Noticeable odors; () Sewer backup into house;

() Large amount of scum in tank; () Discharge of sewage to surface water, ground water or surface of the ground –

(NOTIFY TOWNSHIP IMMWDIATELY)

12) Amount of septage of other solid or semisolid material removed: _____ gallons

13) Recommendations: _____

14) Destination of septage (name of treatment facility, address & DEP Permit #): _____

15) Signature of SEO: _____ SEO DEP # _____

16) Signature of hauler: _____

Company name: _____ Hauler DEP Permit# _____

White – Lykens Township

Canary – Pumper/Hauler

Pink – Property Owner