



**Ohio Department of Health**  
 Bureau of Environmental Health  
 Residential Water and Sewage Program  
 (614) 644-7551 BEH@odh.ohio.gov

# SEPTAGE PUMPING REPORT FORM

|                                                          |                |                  |
|----------------------------------------------------------|----------------|------------------|
| <b>Pumping Date:</b>                                     | <b>County:</b> | <b>Township:</b> |
| <b>Pumping Location Address (include city &amp; zip)</b> |                |                  |
| <b>Property Owner Name:</b>                              |                | <b>Phone #:</b>  |

### TANK AND PUMPING INFORMATION

Residential     Commercial

| Tank 1                                                                                                                                                                                                                                                                                                                                                                                                   | Tank 2                                                                                                                                                                                                                                                                                                        | Tank 3                                                                                                                                                                                                                                                                                                        |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|---------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|---------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Type of Tank and Volume Capacity:</b><br><input type="checkbox"/> Septic <input type="checkbox"/> Aeration <input type="checkbox"/> Privy Vault<br><input type="checkbox"/> Dosing <input type="checkbox"/> Holding <input type="checkbox"/> Portables<br><input type="checkbox"/> Other:<br>_____ gallons                                                                                            | <b>Type of Tank and Volume Capacity:</b><br><input type="checkbox"/> Septic <input type="checkbox"/> Aeration <input type="checkbox"/> Privy Vault<br><input type="checkbox"/> Dosing <input type="checkbox"/> Holding <input type="checkbox"/> Portables<br><input type="checkbox"/> Other:<br>_____ gallons | <b>Type of Tank and Volume Capacity:</b><br><input type="checkbox"/> Septic <input type="checkbox"/> Aeration <input type="checkbox"/> Privy Vault<br><input type="checkbox"/> Dosing <input type="checkbox"/> Holding <input type="checkbox"/> Portables<br><input type="checkbox"/> Other:<br>_____ gallons |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Volume Pumped:</b> _____ gallons                                                                                                                                                                                                                                                                                                                                                                      | <b>Volume Pumped:</b> _____ gallons                                                                                                                                                                                                                                                                           | <b>Volume Pumped:</b> _____ gallons                                                                                                                                                                                                                                                                           |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Tank Material</b><br><input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Metal<br><input type="checkbox"/> Fiberglass <input type="checkbox"/> Brick                                                                                                                                                                                                          | <b>Tank Material</b><br><input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Metal<br><input type="checkbox"/> Fiberglass <input type="checkbox"/> Brick                                                                                                               | <b>Tank Material</b><br><input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Metal<br><input type="checkbox"/> Fiberglass <input type="checkbox"/> Brick                                                                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Tank Condition (Check Deterioration Level)</b><br><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant                                                                                                                                                                                                                                                    | <b>Tank Condition (Check Deterioration Level)</b><br><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant                                                                                                                                                         | <b>Tank Condition (Check Deterioration Level)</b><br><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant                                                                                                                                                         |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Risers and Lid</b><br># of Risers: _____ Riser Condition:<br><input type="checkbox"/> Good <input type="checkbox"/> Poor<br>Lids for each riser? Lid Condition:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> Poor                                                                                                               | <b>Risers and Lid</b><br># of Risers: _____ Riser Condition:<br><input type="checkbox"/> Good <input type="checkbox"/> Poor<br>Lids for each riser? Lid Condition:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> Poor                    | <b>Risers and Lid</b><br># of Risers: _____ Riser Condition:<br><input type="checkbox"/> Good <input type="checkbox"/> Poor<br>Lids for each riser? Lid Condition:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> Poor                    |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Water Tight</b><br><table style="width: 100%; border: none;"> <tr><td><u>Tank</u></td><td><u>Inlet/Outlet</u></td><td><u>Risers</u></td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> Yes</td></tr> <tr><td><input type="checkbox"/> No</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> No</td></tr> </table> | <u>Tank</u>                                                                                                                                                                                                                                                                                                   | <u>Inlet/Outlet</u>                                                                                                                                                                                                                                                                                           | <u>Risers</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <b>Water Tight</b><br><table style="width: 100%; border: none;"> <tr><td><u>Tank</u></td><td><u>Inlet/Outlet</u></td><td><u>Risers</u></td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> Yes</td></tr> <tr><td><input type="checkbox"/> No</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> No</td></tr> </table> | <u>Tank</u> | <u>Inlet/Outlet</u> | <u>Risers</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | <b>Water Tight</b><br><table style="width: 100%; border: none;"> <tr><td><u>Tank</u></td><td><u>Inlet/Outlet</u></td><td><u>Risers</u></td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> Yes</td></tr> <tr><td><input type="checkbox"/> No</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> No</td></tr> </table> | <u>Tank</u> | <u>Inlet/Outlet</u> | <u>Risers</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |
| <u>Tank</u>                                                                                                                                                                                                                                                                                                                                                                                              | <u>Inlet/Outlet</u>                                                                                                                                                                                                                                                                                           | <u>Risers</u>                                                                                                                                                                                                                                                                                                 |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                  |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                   |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <u>Tank</u>                                                                                                                                                                                                                                                                                                                                                                                              | <u>Inlet/Outlet</u>                                                                                                                                                                                                                                                                                           | <u>Risers</u>                                                                                                                                                                                                                                                                                                 |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                  |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                   |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <u>Tank</u>                                                                                                                                                                                                                                                                                                                                                                                              | <u>Inlet/Outlet</u>                                                                                                                                                                                                                                                                                           | <u>Risers</u>                                                                                                                                                                                                                                                                                                 |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                  |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                   |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>High Water</b><br>Water level above the outlet at time of pumping? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Evidence that water level has been above the outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                          | <b>High Water</b><br>Water level above the outlet at time of pumping? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Evidence that water level has been above the outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | <b>High Water</b><br>Water level above the outlet at time of pumping? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Evidence that water level has been above the outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Aeration motor</b> <input type="checkbox"/> N/A<br><input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Malfunctioning                                                                                                                                                                                                                                          | <b>Aeration motor</b> <input type="checkbox"/> N/A<br><input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Malfunctioning                                                                                                                                               | <b>Aeration motor</b> <input type="checkbox"/> N/A<br><input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Malfunctioning                                                                                                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Baffle condition</b><br><input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Missing                                                                                                                                                                                                                                                                             | <b>Baffle condition</b><br><input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Missing                                                                                                                                                                                  | <b>Baffle condition</b><br><input type="checkbox"/> Intact <input type="checkbox"/> Damaged <input type="checkbox"/> Missing                                                                                                                                                                                  |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Effluent Filters</b> <input type="checkbox"/> Present <input type="checkbox"/> Missing<br>If present, were they cleaned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                  | <b>Effluent Filters</b> <input type="checkbox"/> Present <input type="checkbox"/> Missing<br>If present, were they cleaned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       | <b>Effluent Filters</b> <input type="checkbox"/> Present <input type="checkbox"/> Missing<br>If present, were they cleaned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Other Solids Removed</b> Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| Was dewatering necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   If Yes, Volume: _____ gal                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| Solid Waste Facility taken to: _____                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |
| <b>Spillage</b> Did any spillage occur during the pumping process? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, was the area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                           |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |                                                                                                                                                                                                                                                                                                                                                                                                          |             |                     |               |                              |                              |                              |                             |                             |                             |



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# SEPTAGE PUMPING REPORT FORM

**List all Repairs and Additional Work:**

**Show the location of the tanks, driveway, water source, and any additional buildings:**



**Disposal Location:**

Waste Water Treatment Facility Name of Facility: \_\_\_\_\_

Land Application Permit #: \_\_\_\_\_ Address: \_\_\_\_\_

**Septage Hauling Company:**

**Phone #:**

**Registration #:**

**Driver/Technician Name (printed)**

**Driver/Technician Name (signature)**

**YOUR TANK(S) SHOULD BE SERVICED AGAIN IN:** \_\_\_\_\_ Years \_\_\_\_\_ Months

*REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.*