

Commonwealth of Massachusetts

City/Town of

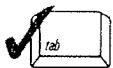
System Pumping Record

Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

A. Facility Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. System Location:

Address

City/Town

State

Zip Code

2. System Owner:

Name

Address (if different from location)

City/Town

State

Zip Code

Telephone Number

B. Pumping Record

1. Date of Pumping

Date

2. Quantity Pumped:

Gallons

3. Type of system:

☐ Cesspool(s)

☐ Septic Tank

☐ Tight Tank

☐ Grease Trap

☐ Other (describe):

4. Effluent Tee Filter present? ☐ Yes ☐ No

If yes, was it cleaned? ☐ Yes ☐ No

5. Condition of System:

6. System Pumped By:

Name

Vehicle License Number

Company

7. Location where contents were disposed:

Signature of Hauler

Date

Signature of Receiving Facility

Date