## CHATHAM HEALTH DISTRICT

Serving the Towns of Colchester, East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland

## Septic Tank Cleaning Permit

For Office Use	•		J			
Permit Number	Lot Number Mag		lap Number	I	ID Number	
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0N			Dete			
Company Name			Date			
CT License Number			Owner			
Registered Cleaner's						
Signature			Address			
DoH or R.S. Signature			71			
			Town			
WPCA Deposition Facility						
	Pump-c	out Report	: (please c	heck)		
Reason for Pump-out	Routine Repair		r	Property Trans	sfer Filte	er Clogged
Structures Serviced	Tank Dry Well		ell	Cesspool	Grea	ase Trap
Tank Level Before Pump-out	ut High Low			Normal		
Sludge Level	Normal Excessiv		sive	Light		
Recommended Maintenance Frequency	Every 4 years Every		3 years	Every 2 years	Othe (see	er e below)
Estimated Tank Size	1000 1250			1500	2000	0
Tank Type	Concrete (1227) Concrete		ete	PVC	Meta	al
Effluent Filter	Cleaned					
Outlet Baffle	OK Needs R		Repair	Repaired		
Inlet Baffles	OK Needs R		Repair	Repaired		
Outlet Filter	Yes No			Cleaned	Filte	er Clogged
Riser Needed	Yes	No				
Observations	Effluent Runba	ck Surfac	e Breakout	Plumbing Back	kup	
Location Sketch – (only for prall structures pumped. Give syother equivalent method. Labe	ving tie measure	ments from bu	uilding corners	or two permane est street or road	ent identifiab	
<b>↑</b>						

Disclaimer: This inspection report and the observations collected is not a certification of future system performance. No guarantee or warranty is expressed or implied. THIS REPORT IS NOT EQUIVALENT TO A SEPTIC SYSTEM INSPECTION