

POCONO TOWNSHIP SEWAGE PUMPING REPORT

PROPERTY OWNER'S NAME: _____
(CORRECT SPELLING)

LOCATION OF SEPTIC SYSTEM/PROPERTY LOCATION
PROPERTY TAX NUMBER (PIN) WHEN POSSIBLE _____

Address _____ City _____ State _____ Zip _____

Lot _____ Subdivision _____

Road name _____

SEPTIC SYSTEM CHECK LIST:

1. DATE OF PUMPING _____
2. COMMERCIAL _____ RESIDENTIAL _____
3. TANK CAPACITY (GALLONS) _____
4. TYPE OF TANK: _____ (CONCRETE, METAL, PLASTIC, STONE)
5. RISERS TO GRADE _____
6. DOSING TANK _____ DOSING TANK CAPACITY _____
7. DRAINAGE SYSTEM _____ (SAND MOUND, FIELD, CESSPOOL, TRENCH)
8. OBSERVATION OF DRAIN FIELD: OK _____ SURFACE DISCHARGE _____ LUSH VEGETATION _____

9. CONDITION OF BAFFLES: _____
11: BACK FLOW: YES _____ NO _____
12: INFLOW OBSERVED: YES _____ NO _____
10. CONDITION OF ALL COMPONENTS: SATISFACTORY _____ NOT SATISFACTORY _____
CONDITIONS AT OR AROUND SYSTEM: _____ _____ _____ _____ _____
IF REPAIRS WERE MADE INCLUDE PERMIT # _____

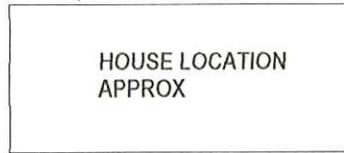
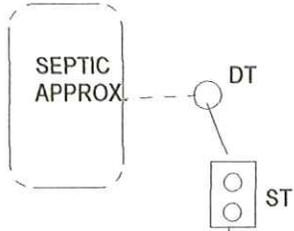
Please Remit To: Pocono Township
P.O.Box 197
Tannersville, PA 18372

COMPANY NAME: _____

PA SEPTAGE HAULERS LICENSE: _____ Township Permit # _____

PUMPER SIGNATURE _____ Print Name _____

ALL THE TOWNSHIP ASKS IS AN APPROXIMATE LOCATION
OF THE HOUSE SEPTIC TANKS AND SEPTIC SYSTEM
THIS DIAGRAM SHOWS IT TOWARDS THE RIGHT REAR
AS AN EXAMPLE. EACH LOT WILL VARY AS TO LOCATION, FRONT REAR
AND SIDES OF PROPERTY



PLEASE FILL OUT THE BLANK BELOW WITH THE REQUESTED INFORMATION

ROAD NAME

A large empty rectangular box for providing the requested information, such as the road name.