



For properties with multiple onsite wastewater treatment systems, individual pump records are required to be completed and submitted.

Address: _____ **City:** _____ **Zip Code:** _____

County: _____

Property Owner(s) Name: _____

Date of Pumping/Service (Month/Day/Year): _____

Filter cleaned at time of pumping: YES ___ NO ___

Outlet device appears to be in good condition: YES ___ NO ___

Tank location accessible for pumping/maintenance: YES ___ NO ___

Recommended Repair or Replacement of Tank: YES ___ NO ___

(If YES, explain in comments section below)

Comments:

Septage Waste Hauler Name: _____

(printed)

LICENSE NUMBER: _____

THE INFORMATION REPORTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature: _____

Company: _____

For questions, please contact Anne Mitchell at 517-914-4254 or EGLE-DWEHD-SRLP@Michigan.gov



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

SEPTIC REPLACEMENT LOAN PROGRAM
SEPTIC TANK PUMP RECORD



Michigan Saves
The Nation's First Nonprofit Green Bank

Tank Number:	Tank 1	Tank 2	Tank 3
Size (gallons)		N/A ____	N/A ____
Gallons Pumped			
Tank Material (check one)	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene (plastic) <input type="checkbox"/> Steel <input type="checkbox"/> Other Material	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene (plastic) <input type="checkbox"/> Steel <input type="checkbox"/> Other Material	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene (plastic) <input type="checkbox"/> Steel <input type="checkbox"/> Other Material
Sludge/Scum Layers Present Indicating Active Tank	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
Tank Watertight with No Evidence of Groundwater Infiltration	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
Tank(s) Structurally Sound	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
Risers to Grade	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
Secondary Safety Device Present	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
Liquid Level	At Outlet _____ Below Outlet _____ Above Outlet _____	At Outlet _____ Below Outlet _____ Above Outlet _____	At Outlet _____ Below Outlet _____ Above Outlet _____
Evidence of Drain/Run Back from Field	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
Outlet Device	Baffle _____ "T" _____ Vented Elbow _____ Effluent Filter _____ None _____ Other _____ (explain in comments section below)	Baffle _____ "T" _____ Vented Elbow _____ Effluent Filter _____ None _____ Other _____ (explain in comments section below)	Baffle _____ "T" _____ Vented Elbow _____ Effluent Filter _____ None _____ Other _____ (explain in comments section below)

Comments:

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