CITY OF NEWBURYPORT

HEALTH DEPARTMENT

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System Pumping Record

System Pumping Records must be submitted to the Health Department within 14 days from the pumping date in accordance with 310 CMR 15.351.

A. Facility Information

1. System Location: _____
   Street *City* *State*
2. System Owner:

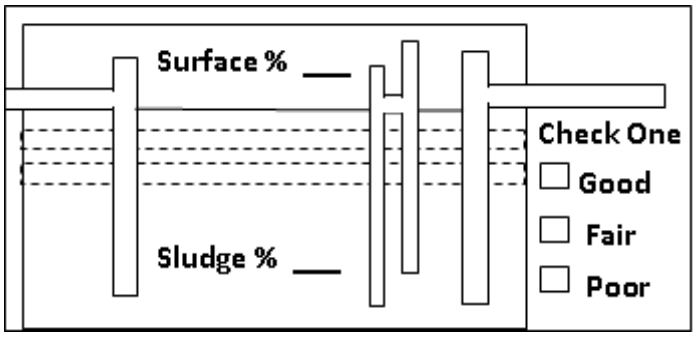
   _____
   Name

   _____
   Address (if different from location)

   _____
   Telephone Number

B. Pumping Record

1. Date of Pumping _____ 2. Quantity Pumped: _____ Gallons
3. Component: ☐ Interior Grease Trap ☐ Exterior Grease Trap ☐ Cesspool(s)
   ☐ Septic Tank ☐ Tight Tank ☐ Other (describe) _____
4. Effluent Tee Filter present on septic tank? ☐Yes ☐ No If yes, was it cleaned? ☐ Yes ☐ No
5. Observed Condition of Component Pumped:_____



Gallons Removed _____

- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet / Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

6. Company/Location where contents were disposed: _____
7. System Pumped By: _____ _____
   Name *License Number*

   _____
   Company Name

   _____ _____
   Signature of Hauler Date