

Septic Pump Checklist



Company Name: _____ Phone number: _____

System Cleaner License No.: _____

Customer Name: _____

Address of Pumping: _____

Pumping Date: _____

1. Tank Size: _____ Gallons Pumped: _____
2. Lift Station: Yes____ No____ If yes, functioning: Yes____ No____
Pump Alarm: Yes____ No____ If yes, functioning: Yes____ No____
3. Excessive water running back into tank from field? Yes____ No____
If yes, estimate in gallons: _____
4. Liquid level in tank over inlet line? Yes____ No____
5. Tank Construction (check one)
Concrete _____ Metal _____ Brick _____ Plastic or Fiberglass _____
Cesspool or Seepage Pit _____ Other _____
6. Tank Construction Observed: One Compartment _____ Two Compartment _____
7. Inlet/outlet tees and/or baffles in good condition? Yes____ No____
8. Filter on outlet cleaned and inspected (if applicable)? Yes____ No____
9. Access to clean-out lids within 8 inches of grade?
Inlet: Yes____ No____ Outlet: Yes____ No____
10. 20 ml. plastic replaced and sealed over tank lid (flood plain only)? Yes____ No____
11. Tank structurally sound and water tight? Yes____ No____
12. Access lids structurally sound and water tight? Yes____ No____
13. Obvious cracks/leaks observed? Yes____ No____
If yes, explain area: _____
14. Other conditions noted which may affect proper functioning of system?

15. Reason for Service:
Maintenance _____ Real Estate Sale _____ Emergency/Backup _____ Other _____