

**BARRY-EATON DISTRICT HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION**

330 W. Woodlawn  
Hastings, MI 49058  
269-945-9516 select 3 then 5  
269-818-0237 Fax

1033 Health Care Dr.  
Charlotte, MI 48813  
517-541-2615  
517-541-2686 Fax

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**SEPTAGE PUMPING INFORMATION FOR ON-SITE SEWAGE SYSTEM**

Date Pumped: \_\_\_\_\_ Septage Hauler Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Township: \_\_\_\_\_ Owner: \_\_\_\_\_

1. Septic Tank Pumping Request for Time of Sale Evaluation: *(check one)*    Yes    No    Unknown
2. Volume of sewage pumped \_\_\_\_\_ Gal. Where disposed \_\_\_\_\_
3. Type of absorption system: *(Check one)*    Drain bed    trench    drywell    stoneless    unknown  
If drywell was it pumped?    Yes    No
4. Outlet Device: *(Check one)*    Sanitary T    Concrete Baffle    Vented Elbow    Effluent Filter  
Other \_\_\_\_\_
5. Outlet device appears to be in good condition    Yes    No
6. Liquid level in relation to the outlet invert *(Check one)*    Above    Below    At
7. Tank(s) had visible structural damage? *(Check one)*    Yes    No  
If yes, explain \_\_\_\_\_
8. Was there any flow back into the tank or sign of system failure? *(Check one)*    Yes    No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that the waste hauled is from the above location in the stated quantity and is residential domestic waste unless otherwise noted.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Site Plan to Tank Opening

North ↑

