



## Borough of Jim Thorpe

101 East Tenth Street • Jim Thorpe, PA 18229  
(570) 325-3025 • (570) 325-2181 • FAX (570) 325-8154

### SEWAGE PUMPING REPORT

DATE OF SERVICE \_\_\_\_\_ (MUST RETURNED TO THE BOROUGH WITH IN 30 DAYS)

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S PHONE NUMBER \_\_\_\_\_

PROPERTY ADDRESS (INCLUDING DEVELOPMENT & LOT NUMBER WHERE APPLICABLE) \_\_\_\_\_

#### SEPTIC SYSTEM CHECKLIST

1. DATE OF PUMPING:	9. CONDITION OF BAFFLES: SATISFACTORY _____ NON-SATISFACTORY _____
2. COMMERCIAL _____ RESIDENTIAL _____	10. BACK FLOW: YES _____ NO _____
3. TANK CAPACITY (GALLONS):	11. INFLOW OBSERVED: YES _____ NO _____
4. TYPE OF TANK: Single Compartment _____ Dual Compartment _____  Material: _____ (ie: Concrete, Steel or Plastic)	12. GENERAL CONDITION OF ABSORPTION AREA:  SATISFACTORY _____ NOT SATISFACTORY _____
5. RISERS TO GRADE: Yes _____ No _____	13. GENERAL CONDITION OF DISTRIBUTION SYSTEM: SATISFACTORY _____ NOT SATISFACTORY _____
6. DOSING TANK:	14. CONDITION OF ALL OTHER COMPONENTS: SATISFACTORY _____ NOT SATISFACTORY _____
7. DOSING TANK CAPACITY	15. CONDITIONS AT OR AROUND SYSTEM: SATISFACTORY _____ NOT SATISFACTORY _____
8. OBSERVATION OF ABSORPTION AREA: OK _____ SURFACE DISCHARGE _____  LUSH VEGETATION: _____	RECOMMEND SEO CONDUCT INSPECTION: YES _____ NO _____

PUMPER/Hauler COMPANY NAME \_\_\_\_\_

PA SEPTAGE HAULER'S REGISTRATION NUMBER \_\_\_\_\_

DISPOSAL SITE HAULING TO \_\_\_\_\_

PUMPER/Hauler SIGNATURE \_\_\_\_\_

**PLEASE MAKE A SKETCH OF THE SYSTEM ON REVERSE SIDE OF FORM**

### Sketch of System Location

Identify the front, back, and side of house. Driveway (SW), if applicable. Identify **each** sewage disposal system component. Mark distances to fixed reference points. **Please print clearly** and draw to the best of your ability.