

Mount Pleasant Township

1035 Beck Road
Gettysburg, Pa 17325

mptzoning@comcast.net

Phone: (717) 624-8049
Fax: (717) 624-7110

Septic System Pumping and Inspection Form

Please return this form to Mount Pleasant Township within thirty (30) days of service.

Name of System Owner _____ Date of Pumping/Inspection _____

Address of System Owner _____

Address where system is located (if different than owner) _____

Type of system: Holding Tank Spray Irrigation AB System ELJEN Micro Mound Other _____

Condition of treatment tank baffles

Any indications of systems malfunctions observed

Other maintenance performed

Date of last pumping _____

Date system was installed (estimate if necessary)

Amount of septage/semi-solid material removed (gal)

Recommendation for repair or maintenance _____

Please attach the following: Description/diagram of the location of the tank, including any markers, risers, access hatches and size of any treatment tank(s).

Destination of the septage (name of facility, location of land application site)

By signing this inspection form, I declare that I understand that false statements herein made are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Septic Company Name: _____

Signed: _____
Authorized Hauler

_____ Date: _____
Print Hauler's Name