

WENHAM BOARD OF HEALTH
138 Main Street
Wenham, MA 01984

978- 468-5520 ext. 4 System Pumping Record FAX 978-468-8014

System Owner

System Location

Property ID (Assessor's Map

Block

Lot #

Date of Pumping: _____

Quantity Pumped: _____

Emergency:

Routine:

Cesspool: Yes ___ No _____

Septic Tank: Yes ___ No _____

Failed System: Yes ___ No _____

Note: All Cesspools MUST be pumped

System Pumped By: _____

Permit # No #

Contents Transferred To: _____ Other: _____ Date: _____

****Condition of Cesspool:** _____ **Septic Tank:** _____ **Tight Tank:** _____

Breakout or Ponding: Yes ___ No ___ Breakout or Ponding: Yes ___ No ___ Breakout or Leaking: Yes ___ No ___

Cesspool Structure: Yes ___ No ___ Tank Structure: Yes ___ No ___ Tank Structure: Yes ___ No ___

Liquid Levels above inlet invert:

Liquid Levels above outlet invert:

Yes ___ No ___

Yes ___ No ___

Tees or baffles missing or broken:

Yes ___ No ___

Is there an effluent filter? Yes ___ No ___ Was it Cleaned _____ Replaced _____ In what condition is it? _____

****If Yes is checked on any of the above items please describe the problem(s) you have seen:**

Pumper/Inspector: _____

Signature

Print Name