



# Commonwealth of Massachusetts

## City/Town of

### System Pumping Record

#### Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

### A. Facility Information

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. System Location:

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

2. System Owner:

Name \_\_\_\_\_

Address (if different from location) \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

### B. Pumping Record

1. Date of Pumping \_\_\_\_\_

Date

2. Quantity Pumped: \_\_\_\_\_

Gallons

3. Type of system:

Cesspool(s)

Septic Tank

Tight Tank

Grease Trap

Other (describe): \_\_\_\_\_

4. Effluent Tee Filter present?  Yes  No

If yes, was it cleaned?  Yes  No

5. Condition of System: \_\_\_\_\_

6. System Pumped By:

Name \_\_\_\_\_

Vehicle License Number \_\_\_\_\_

Company \_\_\_\_\_

7. Location where contents were disposed: \_\_\_\_\_

Signature of Hauler \_\_\_\_\_

Date \_\_\_\_\_

Signature of Receiving Facility \_\_\_\_\_

Date \_\_\_\_\_