

Septic System Pumping Questionnaire

This form meets the requirements of septic tank pumping for Central District Health Department onsite water and wastewater inspection program. This form is required to be completed prior to inspection on properties with unknown septic tank size and location.

Address of property: _____

Material tank is constructed of: _____

Location of tank in proximity to house: _____

Size of Tank (in gallons): _____

Dimensions of tank: _____ (in feet)

Septic tank lid condition: Good Bad

Interior tank condition: Good Bad

Baffles/Sanitary T's: Present Absent

Direction of Effluent from tank: _____

Name of individual providing information: _____

Printed Name

Company Name

Date

Sketch of system:

