

Commonwealth of Massachusetts- City of New Bedford
System Pumping Record

Facility Information:

Address: _____

System Owner: _____

Address (if different from location): _____

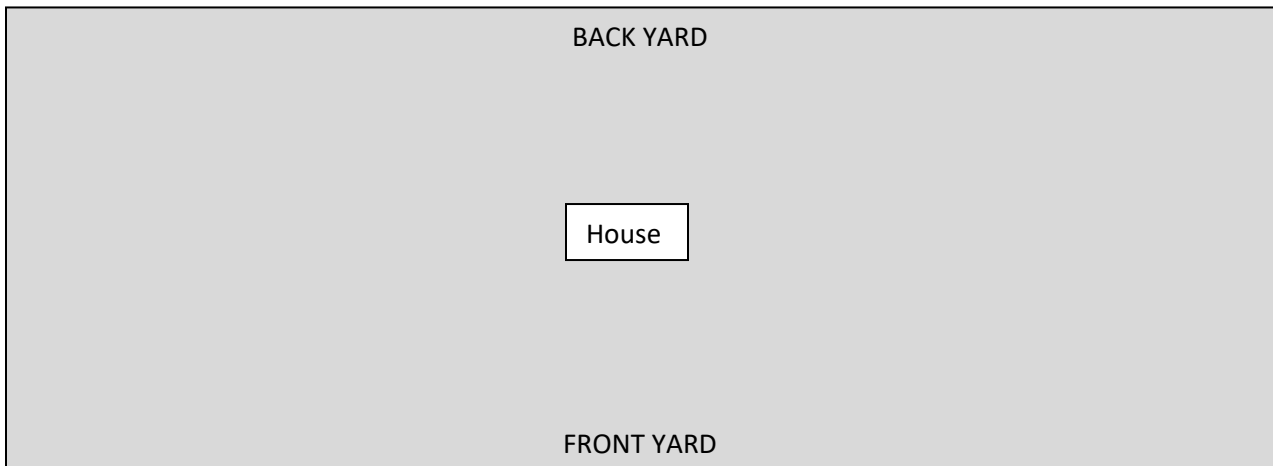
Contact Phone Number: _____

Component(s) Serviced

- () Cesspool(s)/Beehive
- () Septic Tank () Concrete () Steel
- () Tight Tank
- () Grease Trap
- () Other (describe): _____

System Location

(please sketch component locations serviced and note approx. setbacks to dwelling)



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.

Date of Pumping _____ **Quantity Pumped :** _____ Gallons

Effluent Tee Filter present? () Yes () No If yes, was it cleaned? () Yes () No

Inlet Tee/ Baffle condition: _____

Outlet Tee/Baffle condition: _____

Contents transported to which WWTP: _____

Signature of Receiving Facility (or attached facility receipt)

Date

System Pumped by:

Name: _____ Vehicle License Number: _____

Company: _____

Signature of licensed pumper: _____ Date: _____