SEPTIC TANK PUMPING LOG

Madison Health Department
8 Campus Drive
Madison CT 06443
Fax 203-2450-5613

Pumper _____License #_____
Date submitted ____/____/____ Phone Number (____)_____

Pump Date	Property Street Address	Tank or Grease Trap & Size	System Problems? If yes, fill in type of problem; 1thru 7	Initial

1). Runback; - 2). Wet Ground; – 3). Inlet Baffle; - 4). Outlet Baffle;
5). Tank Leaking; - 6). Distribution Problem; - 7). Other.