

On-Site Sewage System/Sewage Tank Service Report

Instructions for completing report form: This form is to be completed only by a certified on-site sewage system pumper who is pumping a sewage tank and hauling the septage to an authorized disposal site. At the time of service the certified pumper performing such service must provide (at a minimum) this or other comparable written service report to the owner and to the health officer upon request. Authority: Chapter 13.68, the Code of the King County Board of Health, Title 13. August 2011.

General Information (Please print):

OSS Pumper Name: _____
 King County Certification Number: _____
 Name of Pumping Firm: _____
 Address: _____
 Telephone: _____
 Name of Owner/Occupant of Property Served: _____
 Address: _____
 Telephone: _____
 Date of Report: ___/___/___

Pumping Schedule:

Date of Service: ___/___/___

Sewage Tank Data (Check all that apply):

Type of Sewage Tank: ___ Septic Tank ___ Pump Tank ___ Holding Tank ___ Other: _____
 Number of Compartments Pumped: _____
 Number of Gallons Pumped: _____

CHECKLIST ITEM	Measurement	Satisfactory	Unsatisfactory	Not Observed	Action Taken
1. Depth of Floating Scum Mat 1st Compartment	(in.)				
2. Depth / thickness of Sludge Layer 1st Compartment	(in.)				
3. Depth of Floating Scum Mat 2 nd Compartment	(in.)				
3. Depth / thickness of Sludge Layer 2 nd Compartment	(in.)				
5. General Tank Condition					
6. Locking-Type Lid(s)					
7. Riser(s) at Grade					
8. Inlet Baffle Condition					
9. Condition of Compartment Wall Baffle					
10. Outlet Baffle Condition					
11. Effluent Baffle Screen Condition					
12. Effluent Baffle Screen Cleanliness					
13. Tank Leakage Observed		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
14. Groundwater Infiltration Observed		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
15. Surface Runoff Infiltration Observed		<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Description of any other service performed: _____

Recommendations to the Sewage Tank Owner: _____

Signature of OSS Pumper: _____ Date: ___/___/___