


KILLINGWORTH HEALTH DEPARTMENT

SEPTAGE DISPOSAL TICKET

ADDRESS PUMPED:			PERMIT NO.		
PROPERTY OWNER:				DATE:	
LICENSED HAULER:				PHONE:	
TANK SIZE:	GALLONS PUMPED:	RESIDENTIAL	COMMERCIAL	GREASE TRAP	
				yes	no
SYSTEM TYPE: (CIRCLE) TANK & LEACHING FIELDS CESSPOOL HOLDING TANK OTHER					
DESCRIBE CONDITION IN DETAIL:					
DEPTH TO COVER: _____ INCHES		SCUM: _____ INCHES		SLUDGE: _____	
BAFFLE CONDITION: (circle one)		INLET: OK / NG	OUTLET: OK / NG	FILTER	YES / NO
SYSTEM CONDITIONS: (Circle One)					
1. Routine Maintenance:		NO PROBLEMS DETECTED			
2. Conditions Observed:		(CIRCLE ALL THAT APPLY)			
a. Spongy ground, heavy green growth around tank or leaching field, foul odor. b. Runback from leaching field into septic tank and/or "d" box. c. Leach Field breakout or septage on ground. d. Tank Leakage or unserviceable Other (describe) _____					
Frequent pumpouts necessary or recommended:			YES	NO	
LOCATION OF SEPTIC TANK & LEACHING FIELD(S):					
FRONT  REAR					

NOTICE TO HAULERS: Failure to completely fill out this Ticket and return to the Killingworth Health Department may result in the revocation of the benefits relative to the designated disposal site. **NOTICE TO RESIDENCE or BUSINESS:** This Document is not to be considered an official inspection of the septic of the septic system that was pumped. It is an official record the system was pumped on the date shown.