



*For properties with multiple onsite wastewater treatment systems, individual pump records are required to be completed and submitted.*

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Property Owner(s) Name:** \_\_\_\_\_

**Date of Pumping/Service (Month/Day/Year):** \_\_\_\_\_

**Filter cleaned at time of pumping:** YES \_\_\_ NO \_\_\_

**Outlet device appears to be in good condition:** YES \_\_\_ NO \_\_\_

**Tank location accessible for pumping/maintenance:** YES \_\_\_ NO \_\_\_

**Recommended Repair or Replacement of Tank:** YES \_\_\_ NO \_\_\_

(If YES, explain in comments section below)

**Comments:**

**Septage Waste Hauler Name:** \_\_\_\_\_

(printed)

**LICENSE NUMBER:** \_\_\_\_\_

**THE INFORMATION REPORTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE**

**Signature:** \_\_\_\_\_

**Company:** \_\_\_\_\_

For questions, please contact Anne Mitchell at 517-914-4254 or [EGLE-DWEHD-SRLP@Michigan.gov](mailto:EGLE-DWEHD-SRLP@Michigan.gov)



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

SEPTIC REPLACEMENT LOAN PROGRAM  
SEPTIC TANK PUMP RECORD



Michigan Saves  
The Nation's First Nonprofit Green Bank

Tank Number:	Tank 1	Tank 2	Tank 3
Size (gallons)		N/A ____	N/A ____
Gallons Pumped			
Tank Material (check one)	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene (plastic) <input type="checkbox"/> Steel <input type="checkbox"/> Other Material	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene (plastic) <input type="checkbox"/> Steel <input type="checkbox"/> Other Material	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene (plastic) <input type="checkbox"/> Steel <input type="checkbox"/> Other Material
Sludge/Scum Layers Present Indicating Active Tank	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
Tank Watertight with No Evidence of Groundwater Infiltration	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
Tank(s) Structurally Sound	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
Risers to Grade	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
Secondary Safety Device Present	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
Liquid Level	At Outlet ____ Below Outlet ____ Above Outlet ____	At Outlet ____ Below Outlet ____ Above Outlet ____	At Outlet ____ Below Outlet ____ Above Outlet ____
Evidence of Drain/Run Back from Field	YES ____ NO ____	YES ____ NO ____	YES ____ NO ____
Outlet Device	Baffle ____ "T" ____ Vented Elbow ____ Effluent Filter ____ None ____ Other ____ (explain in comments section below)	Baffle ____ "T" ____ Vented Elbow ____ Effluent Filter ____ None ____ Other ____ (explain in comments section below)	Baffle ____ "T" ____ Vented Elbow ____ Effluent Filter ____ None ____ Other ____ (explain in comments section below)

Comments:

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