

# Mid-Michigan District Health Department

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## **ON-SITE SEWAGE SYSTEM PUMP CARD**

*(To be completed by Septic Hauler)*

Property address: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Tanks Serviced:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Volume of tank(s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Was the outlet baffle in place?  Yes  No  Not Determined

Was there an effluent filter?  Yes  No  Not Determined

Were there any signs of system failure?  Yes  No  Not Determined

COMMENTS: \_\_\_\_\_

Provide a sketch showing the general location of the septic tank in relation to the house, well, or other property feature. PLEASE USE DIMENSIONS WHERE POSSIBLE.

I certify that the findings reported above are accurate and were obtained through my personal observations and measurements on the date specified, unless otherwise noted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
License Number