

PUMP OUT AND SEPTIC TANK REPORT
Township of Tay Residents

Property Owner Name: _____

Address: _____

Phone: _____

Make of tank _____ Baffles intact yes___ no___

Hauler Company Name: _____

Signs of decay Yes___ No___ Effluent filter installed yes___ no___

Date of Inspection: _____ **Time:** _____

Type of tank: ___ Septic ___ Holding

Tank Construction: ___ Plastic ___ Fiberglass ___ Concrete ___ Metal

Chamber: ___ Single chamber ___ Double chamber

Baffles in Place: ___ yes ___ no

Filter: ___ yes ___ no

Tank Size: _____ liters or _____ gallons

Signs of decay: ___ yes ___ no

Level of effluent: ___ proper height ___ 1/2 working ___ not working

NOTES (condition of tank, etc.):

Client signature _____

Hauler signature _____

Please be advised that this is a Septic/Holding Tank Report Card required by The Township of Tay and must be submitted to the building department.