

RICHMOND TOWNSHIP
SEWAGE MANAGEMENT INSPECTION REPORT 2024

Name: _____

Pump Date: _____

Address: _____

Time: _____

Site Location: _____

Occupancy Status: Occupied Full Time Vacant Other: _____

No. Bedrooms _____ Septic Tank Material _____

Tank Pumped? y / n Tank Accessible? y / n Reason: _____

Volume Pumped _____ gallons

TYPE OF SYSTEM

_____ Holding Tank

_____ IRSIS

_____ Cesspool

_____ Pressure Dosed ESM

_____ Gravity Inground Bed/Trench

_____ Small Flow Stream Discharge

_____ Pressure Dosed Inground

_____ Large Volume Community On-Lot

_____ Non Pressure Dosed ESM

_____ Other: _____

CONDITION OF SEPTIC TANK(S)

4" Inspection Port	Present	Damaged/Missing	Does Not Apply	Not Observed
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Inlet Baffle Condition	Present	Damaged/Missing	Does Not Apply	Not Observed
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Outlet Baffle Condition	Present	Damaged/Missing	Does Not Apply	Not Observed
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Manhole/Riser	Present	Damaged/Missing	Does Not Apply	Not Observed
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Water Stream Flowing Into	No	Yes/Trickle	Does Not Apply	Not Observed
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Tank From House		Yes/Steady Flow		
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Water Stream Flowing Into	No	Yes/Trickle	Does Not Apply	Not Observed
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Tank From Drainfield		Yes/Steady Flow		
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Tank Condition Comments: _____

ABSORPTION AREA CONDITIONS:

No Problems Observed

Does Not Apply

Odor Present

Lush Vegetation

Wet/Soggy Area

Discharge of Greywater

Discharge of Sewage

Other Problems

Absorption Area Comments: _____

Service Recommended? _____ Service Comments: _____

ADDITIONAL NOTES OR COMMENTS: _____

Submit report form and pumping slip within 30 days of pumping to: Richmond Township

11 Kehl Drive

Certified Pumper/Hauler Company Name

Fleetwood, PA 19522

Hauler Name: _____ License No.: _____

Hauler Signature: _____