



Commonwealth of Massachusetts
 City/Town of _____
System Pumping Record
Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. System Location:

Address _____

City/Town _____ State _____ Zip Code _____

2. System Owner:

Name _____

Address (if different from location) _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____

B. Pumping Record

1. Date of Pumping _____ Date _____ 2. Quantity Pumped: _____ Gallons _____

3. Component: Cesspool(s) Septic Tank Tight Tank Grease Trap
 Other (describe): _____

4. Effluent Tee Filter present? Yes No If yes, was it cleaned? Yes No

5. Observed condition of component pumped:

6. System Pumped By:

Name _____ Vehicle License Number _____

Company _____

7. Location where contents were disposed:

Signature of Hauler _____ Date _____

Signature of Receiving Facility (or attach facility receipt) _____ Date _____