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

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: ______

2. Quantity Pumped: ______

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

4. Effluent Tee Filter present?  
   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 ______