

ENTERED JUN 08 2022

Local Health District
Wood County Health District
1840 E. Gypsy Lane
Bowling Green, Ohio 43402-9173

SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

Pumping Date: 4-20-22	County: Wood	Township: Middleton
Pumping Location Address (include city & zip) 20872 Dunbridge Rd Bowling Green OH 43402		
Name of Person making Request : <input type="checkbox"/> check if this person is the owner		Phone #:

TANK PUMPING INFORMATION	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial	# of Tanks: 1	Total Gallons Pumped: 1,000 gal.
<p>Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession.</p> <p><input checked="" type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable Tank _____</p> <p>If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing</p> <p>Check all that apply and place the number of the tank listed above next to the material type.</p> <p><input checked="" type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____</p> <p>Give the volume of each tank pumped:</p> <p>Tank 1 1,000 gal Tank 2 _____ gal Tank 3 _____ gal Tank 4 _____ gal</p>			

TANK CONDITION OBSERVATIONS	
<p>Tank Condition <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine</p> <p>Risers: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>Riser Lids: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>Evidence of Leaking? <input type="checkbox"/> yes <input checked="" type="checkbox"/> Inconclusive</p> <p>Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> inlet <input type="checkbox"/> Outlet <input type="checkbox"/> inconclusive</p> <p>High Water Level at time of pumping <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Could not determine</p> <p>Evidence of previous tank high water level observed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Inconclusive</p> <p>Baffle(s) and Tee(s) <input type="checkbox"/> Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Not observed</p> <p>Baffle(s) or Tee(s) Condition (if observed): <input type="checkbox"/> Good <input type="checkbox"/> Poor</p> <p>Effluent Filters <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> N/A, tank older than 2007</p> <p>Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____</p> <p>Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Did spillage occur during pumping process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>Riser located over: <input type="checkbox"/> inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet</p> <p>Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor</p> <p>If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Solid Waste Facility taken to: _____</p> <p>If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

List all Repairs. Additional Work and Comments:

RECEIVED JUN 01 2022

Disposal Location: <input checked="" type="checkbox"/> Waste Water Treatment Facility Name of Facility: Bowling Green	Company Phone #: 419-669-4210
<input type="checkbox"/> Land Application Permit # _____ Address: _____	Registration #:
Driver/Technician Name (printed): Zach Aurand	
Septage Hauling Company: T.E. Price	

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: 2 Years _____ Months
REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.