



Sewage System Info Sheet

Name of Homeowner: _____

Address of Property: _____

Date of Pumping: _____

Tank: Concrete Steel Plastic

Septic Tank OR Holding Tank

Size of Tank: _____

T's in Place? Yes No

Effluent Level: Correct Height
Above Outlet
Below Outlet

Overall Condition of Tank: Good Fair Poor

Condition of Lids: Good Fair Poor

Notes: _____

Pumped By: _____
(Name of Company)

Name of Pumper: _____

Date: _____ Signature of Pumper: _____

**THIS FORM MUST BE RETURNED TO THE TOWNSHIP OF ADJALA-TOSORONTIO
BUILDING DEPARTMENT**