



WEST COCALICO TOWNSHIP
P.O BOX 244, 156 B W. MAIN STREET
REINHOLDS, PA 17569
717-336-8720

SEPTIC SYSTEM REPORT

Pumping Date: ____/____/____

Property Owner's Name _____

Address: _____ Site Address (if different) _____

Treatment System: Septic Tank Aerobic Tank Cesspool Other _____

Absorption Area: Sand Mound In Ground Dry Well Other _____

Date system was installed (if known, approximate date/year) ____/____/____

Date of last pump out (if known, approximate date/year) ____/____/____

Check Any of the Following Conditions Observed:

- Missing or Deteriorated Baffle(s)
- Abundant Grass Growth Near System
- Noticeable Odors/Grey Water Discharge
- Crack or Hole in Tank Wall
- High Liquid Level in Tank
- Low Liquid Level in Tank
- Backflush of Water from Absorption Area to Tank
- Structures Over System
- Visible Malfunction
- None

Draw & label sketch of property (include property lines, roads, septic system components, well etc.)

Maintenance Performed:

- Extensions (riser rings or manhole) Added
- Snaked the Line
- Inspection Ports Added
- Pump & Alarm System Check (if applicable)
- Other _____
- None of the above required

System Correction Required: YES NO

If yes, specific recommendations _____

Tank Size: _____ gallons Septage Removed: _____ gallons

Disposal Site: _____ DEP Permit # _____

Name of Pumper/Inspection Company _____

Name and Signature of Pumper/Inspector _____

Print Name and Sign

NOTICE: Completion of this report is required by West Cocalico Township for information purposes only, and shall NOT be deemed to be any certification of conditions for real estate purposes.

Please return a copy of this form to the West Cocalico Township office at P.O. Box 244, Reinholds, PA 17569, by email to: wccalico@gmail.com or by fax 717-336-8725 within 30 days.