



Commonwealth of Massachusetts
 Town of Topsfield
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 _____

Date

2. Quantity Pumped: _____

Gallons

3. Type of system:

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. Condition of System: _____

6. System Pumped By:

Name _____

Vehicle License Number _____

Company _____

7. Location where contents were disposed: _____

Signature of Hauler _____

Date _____

Signature of Receiving Facility _____

Date _____