

West Earl Township

OLDS Pumping Report

This information must be completed by a licensed septage hauler at the time the system is pumped out. Please complete all requested information on this form. Failure to provide all requested information may result in the form being returned or the permit being delayed.

System Owner: _____

Owner Address: _____

System Location: _____

(If different than
owner's address) _____

Owner Phone: _____

Date of Pumping: _____

Pumper's Destination: _____

Pumped By: _____

Volume Pumped: _____

Pumper's Phone: _____

Pumper's LCSWMA* #: _____

Was the scum layer within 1" of top of baffle or within 2" of bottom of baffle?
(If yes, then the tank needs more frequent pumping.)

Y / N

Was the sludge layer within 12" of baffle or within 18" of the outlet?
(If yes, then the tank needs more frequent pumping.)

Y / N

Comments:

Signature of Pumper

Signature of Owner

***All septage haulers in Lancaster County are required to be licensed by the Lancaster County Solid Waste Management Authority.**