Local Health District

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: 06/04/2024	**County:** Ottawa	**Township:**
Pumping Location Address *(include city & zip)* 5577 W Little Portage E Road Port Clinton 43452		
Name of Person making Request: Ken or Jennifer Bonnigson ☐ ***check if this person is the owner***		**Phone #:**

TANK PUMPING INFORMATION ◉Residential ○Commercial # of Tanks: 1 Total Gallons Pumped: 1250 gal.

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.

☑Septic _____ ☐Aeration _____ ☐Holding _____ ☐Dosing _____ ☐Privy Vault _____ ☐Portable tank _____

☐Other _____ Type:_____

If applicable, what type Aeration tank? _____ Was the aerator motor? ☐ Present ☐ Missing

Check all that apply and place the number of the tank listed above next to the material type.

☑Concrete _____ ☐Fiberglass _____ ☐Plastic _____ ☐Brick _____ ☐Metal _____

Give the volume of each tank pumped:

Tank 1 1250 gal Tank 2 _____gal Tank 3 _____gal Tank 4 _____gal

TANK CONDITION OBSERVATIONS

Tank Condition ☑Good ☐Poor ☐Could not determine **If Poor, which tank?** ☐1 ☐2 ☐3 ☐4 ☐all

Risers: ☑Present ☐Absent, which tank ☑1 ☐2 ☐3 ☐4 ☐all **Riser located over:** ☑Inlet ☐Center of Tank ☐Outlet

Riser Lids: ☑Present ☐Absent, which tank ☐1 ☐2 ☐3 ☐4 ☐all **Risers and Lids Condition:** ☑Good ☐Poor

Evidence of Leaking? ☐Yes ☑ Inconclusive

Which tank? ☐1 ☐2 ☐3 ☐4 ☐all at the (check all that apply) ☐Tank ☐Riser ☐Inlet ☐Outlet ☐Inconclusive

High Water Level at time of pumping ☐ Yes ☐ No ☑ Could not determine If yes which tank? ☐1 ☐2 ☐3 ☐4 ☐all

Evidence of previous tank high water level observed ☐ Yes ☑ Inconclusive If yes which tank? ☐1 ☐2 ☐3 ☐4 ☐all

Baffle(s) and Tee(s) ☑Present ☐Absent ☐Not observed If absent which tank? ☐1 ☐2 ☐3 ☐4 ☐all

Baffle(s) or Tee(s) Condition (if observed): ☑ Good ☐Poor If Poor, which tank? ☐1 ☐2 ☐3 ☐4 ☐all

Effluent Filters ☐Present ☐Missing ☑N/A, tank older than 2007 If present, were they cleaned? ☐ Yes ☐ No

Other Solids Removed Type of Material: ☐ Filter Media ☐ Peat ☐ Other: _____

Was dewatering necessary? ☐ Yes, _____ gal ☑ No ☐ N/A **Solid Waste Facility taken to**: Clyde Waste Treatment

Did spillage occur during pumping process? ☐ Yes ☑ No If yes, was area properly cleaned and disinfected? ☐ Yes ☐ No

List all Repairs, Additional Work and Comments:

Disposal Location:

☑Waste Water Treatment Facility Name of Facility: Clyde Waste Treatment

☐Land Application Permit #:_____ Address:_____

Driver/Technician Name (printed) Zac Long	**Company Phone #:** 419-547-0410
Septage Hauling Company: Darr's Cleaning, Inc.	**Registration #:**

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: 3 Years 0 Months

REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.

****A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District***