



**For Town Use Only**

Control No.: \_\_\_\_\_

Date Previously Pumped: \_\_\_\_\_

**TOWN OF CHESTER  
PERMIT TO PUMP AND DISPOSE OF SEPTAGE**

(This Section to be filled out by Pumper)

Owner's/Occupant's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street and House Number)

Pumper's Business Name: \_\_\_\_\_ Truck Driver's Name: \_\_\_\_\_  
(Printed)

Reason for Pumping:  Routine (Scheduled)  Repair  Suspected Problem Other: \_\_\_\_\_

Date Pumped: \_\_\_\_\_ Time: \_\_\_\_\_ Tank Size: \_\_\_\_\_ Gal. Total Gal. Pumped: \_\_\_\_\_

System Type:  Septic Tank with leach field  Cesspool  Holding Tank  Other \_\_\_\_\_

If a Tank, Material (Concrete, Steel, Plastic, Other) & Condition: \_\_\_\_\_

Number of compartments \_\_\_\_\_ Depth to tank cover: \_\_\_\_\_ in. Scum Depth: \_\_\_\_\_ in. Sludge Depth: \_\_\_\_\_ in.

Observations of Condition of Septic Tank and Leaching System: (Check all applicable items)

- |                                                             |                                                            |                                                           |                                           |
|-------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Inlet baffle needs repair          | <input type="checkbox"/> Inlet Baffle OK                   | <input type="checkbox"/> Outlet baffle needs repair       | <input type="checkbox"/> Outlet baffle OK |
| <input type="checkbox"/> Groundwater infiltration into tank | <input type="checkbox"/> Leaching field runback into tank  | <input type="checkbox"/> Frequent pumping reported        |                                           |
| <input type="checkbox"/> Sewage breakout to ground surface  | <input type="checkbox"/> Saturated soils at leaching field | <input type="checkbox"/> Heavy green growth of vegetation |                                           |
| <input type="checkbox"/> Odor in leaching field area        | <input type="checkbox"/> Odor in nearby catch basin        | <input type="checkbox"/> Plumbing backup reported         |                                           |

I hereby acknowledge that septage was pumped from the septic tank at the above listed address on the date and at the time indicated above and was disposed of in conformance with the Wastewater Management Ordinance of the Town of Chester. I hereby also acknowledge that the observations of the septic tank and leaching system conditions I have given above are true to my best knowledge and belief.

Pumper Truck Driver's Signature: \_\_\_\_\_

Provide sketch of septic tank cover location, give swing tie measurements from building corners. Show approximate location of leaching system, if known. Label front of building and show approximate location of road or driveway.

(This Section to be filled out by designated Town Official)

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_ Time: \_\_\_\_\_

**NOTICE:** This document is a record that the septic tank was pumped on this date, and of Pumper's observations on this date, but is not an official inspection report on the subsurface sewage disposal system serving the premises.

Pumper's part of this form must be filled out completely. Return white copy to the Sanitarian's Office within 7 days of pumpout. (Provide pink copy to Owner, retain yellow copy in Pumper's files.)