

LOWER FREDERICK TOWNSHIP
ON-LOT SEWAGE SYTEM REPORT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE TOWNSHIP OFFICE
WITHIN 10 DAYS FROM THE DATE OF SERVICE

Owners Name: _____

Owner's Address: _____

Property Location (if different): _____

Date of System Pumping/Inspection _____

Type of Tank: Steel Concrete Other _____

Size of Tank: _____ gallons No. of gallons pumped: _____

Tank Condition: OKAY Needs Repair _____(type of repair)

Are there signs of Malfunction?	Building Sewer Inlet Line
Lush grass/vegetation	Inspection port over inlet baffle
Surface Water	Inlet baffle
System overflow	Outlet baffle
Wetness or spongy areas	Effluent delivery line
Other	Other

Additional Notes/Comment: _____

Name of Company Pumping System: _____

Name of Person completing this form: _____

The above information is true and accurate to the best of my knowledge and belief.

Name (print)

Signature

Date