

Does the municipality require completion of Sections D, or E? Yes No
 See *Manifest/Report Instructions* to determine municipal requirements.

A. Generator Information

Parcel ID: _____ (Municipal Office Use Only)

Origin Number: _____ Date: ____/____/____ Time of Collection: AM / PM (circle one)

Property Owner Name: _____

Address of Pump-out: _____

Mailing Address if different: _____

B. Waste Information: Check one in each of the following

Source Type: Residential Commercial / Institutional Industrial Municipal

Waste Type: Septage Sludge Grease Other: _____

Volume pumped: _____ Gallons, or _____ Dry Tons Disposal Site Permit Number: _____

Disposal Date: ____/____/____ Disposal Time: _____ AM / PM (circle one)

C. Hauler Certification: As a YCSWRA Licensed Hauler, I certify that the above transportation and disposal information is true and accurate.

Hauling Company Name: _____ YCSWRA License Decal Number: _____
(print company name) (drivers side of door)

Driver Name: _____ Driver Signature: _____
(print driver's name)

Complete the following sections if required by municipality

NOTICE: Completion of this form DOES NOT constitute a complete system inspection, including for real estate purposes.

D. System Data: Check one in each of the following

Type: Septic Tank Aerobic Tank Cesspool Holding Tank Other: _____

Absorption Area: Elevated Mound In Ground None Other: _____

Pumped From: Tank Manhole Other: _____

Number of Tanks: _____ Approximate Tank Size (gallons): Primary Tank: _____; 2nd _____; 3rd _____; 4th _____

E. Field Observations: Check yes or no in each of the following

- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Manhole Extensions
 - Inspection Ports
 - Snaked inlet line
 - Missing or deteriorated baffle

- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Runback from absorption area into tank
 - Wet areas near system
 - Lush green grass near system
 - Gray water discharge to surface of ground or stream

- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- High liquid level in tank
 - Low liquid level in tank
 - Crack or hole in tank wall
 - Others (describe):

Comments: _____