



**MOUNT HOLLY SPRINGS BOROUGH, CUMBERLAND COUNTY  
SEPTIC SYSTEM REPORT**

Borough Use Only

Date of Pumping: \_\_\_/\_\_\_/\_\_\_ Sludge Test Date: \_\_\_/\_\_\_/\_\_\_

Treatment: \_\_\_ Septic Tank \_\_\_ Aerobic Tank \_\_\_ Cesspool \_\_\_ Filter \_\_\_ Baffle \_\_\_ Dry Well \_\_\_ Advantex

System Type: \_\_\_ Sand Mound \_\_\_ In Ground \_\_\_ At-Grade \_\_\_ Press Dose \_\_\_ Eco Flo \_\_\_ Eljen

Property Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Owner's Address: \_\_\_\_\_

Email: \_\_\_\_\_ Owner's Town/State/Zip Code: \_\_\_\_\_

Description and diagram of the location of the tank, including the location of any markers, risers, and access hatches and size of the tank:

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Date System was installed: \_\_\_/\_\_\_/\_\_\_

**DIAGRAM OF SYSTEM**

Date of Last Pumping: \_\_\_/\_\_\_/\_\_\_

List of other maintenance performed:

- Baffle replacement
- Extensions (riser rings)
- Inspection ports
- Snaked the line
- Other \_\_\_\_\_

Check any of the following observed:

- High water level in the tank
- Wet areas near system or site
- Noticeable odors
- Sewer backup into house
- Abundant grass growth near system or site
- Back flush of water from absorption area to tank
- Any other indication of system malfunction

Explain: \_\_\_\_\_

Size of Tank:

- 500 gallon       1750 gallon
- 750 gallon       2000 gallon
- 1000 gallon      2250 gallon
- 1250 gallon      2500 gallon
- 1500 gallon      Other: \_\_\_\_\_

Amount of septage removed (in gallons): \_\_\_\_\_

Destination of the septage (name of treatment facility, include address if private property) \_\_\_\_\_

DEP Permit # \_\_\_\_\_

Signature of Pumper: \_\_\_\_\_ Company: \_\_\_\_\_

THE HAULER RESPONSIBLE FOR SEPTAGE REMOVAL MUST PROVIDE, AS PART OF THIS REPORT, ANY INFORMATION INDICATING SYSTEM MALFUNCTION. I DO HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND THAT THE BOROUGH OF MOUNT HOLLY SPRINGS MAY RELY UPON THE ACCURACY THEREOF. A COPY OF THIS REPORT IS TO BE SUBMITTED TO THE PROPERTY OWNER LISTED ABOVE AND A COPY MAILED TO THE BOROUGH OF MOUNT HOLLY SPRINGS WITHIN 30 DAYS AFTER SERVICES COMPLETED. **BOROUGH OF MT. HOLLY SPRINGS**

**200 HARMAN STREET. MT. HOLLY SPRINGS, PA 17065**