

GRANT COUNTY HEALTH DISTRICT

1038 W IVY Moses Lake, WA 98837

(509) 766-7960

PUMPER REPORT _____ **FOR** _____

Name of company

Month / Year

Number of Chemical Toilets Pumped _____

Y/N

Date Pumped	Customers Name & Address & Daytime Phone Number	Residential	Business Pump	Tank(s)	Pump Sump	Chem. Toilet(S)	Other	TANK SIZE Gallons & CONSTRUCTION	No. of Gallons Pumped	TANK CONDITION Satisfactory	Tank Condition Unsatisfactory	Reason for Pumping ***See Below	Condition of Septic Tank Baffles	ADDRESS/LOCATION OF DUMP SITE	EFFLUENT IS SURFACING

***1. General Maintenance 2. Slow Drains/Slow Toilets 3. Flooded Tank 4. Health District Evaluation 5. Mortgage/Real Estate Sale 6. Repeat system being pumped w/in last year