



Commonwealth of Massachusetts
 City/Town of **NORTH ANDOVER, MASSACHUSETTS**
System Pumping Record
 Form 4

DEP has provided this form for use by local Boards of Health. The System Pumping Record must be submitted to the local Board of Health or other approving authority.

A. Facility Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. System Location:

Address _____

City/Town _____

State _____

Zip Code _____

2. System Owner:

Name _____

Address (if different from location) _____

City/Town _____

State _____

Zip Code _____

Telephone Number _____

B. Pumping Record

1. Date of Pumping _____

Date

2. Quantity Pumped: _____

Gallons

3. Type of system:

Cesspool(s)

Septic Tank

Tight Tank

Other (describe): _____

4. Effluent Tee Filter present? Yes No

If yes, was it cleaned? Yes No

5. Condition of System: _____

6. System Pumped By:

Name _____

Vehicle License Number _____

Company _____

7. Location where contents were disposed: _____

Signature of Hauler _____

Date _____

<http://www.mass.gov/dep/water/approvals/t5forms.htm#inspect>