

Please be sure that all items are completed. Thank you!
FORM 4 SYSTEM PUMPING RECORD

COMMONWEALTH OF MASSACHUSETTS
Egremont, Massachusetts

SYSTEM PUMPING RECORDS

System Owner

Type: Emergency: _____ Routine: _____

Cesspool: NO: _____ YES: _____

Septic Tank: NO: _____ YES: _____

Tank: Concrete: _____ Metal: _____
Other(explain) _____

Date of pumping: _____

Quality Pumped: _____

System Pumped By:

_____ Permit # _____

Contents transferred to: _____

Contents Disposal at: Pittsfield Waste Water Treatment Plant _____

Other _____

Date _____ Pumper Signature _____

CONDITIONS OF SYSTEM/OTHER COMMENTS (Must be filled in)

Good Condition _____ Fair Condition _____ Unacceptable Condition _____
