

# ADAMS COUNTY SEPTIC TANK PUMPING & POWTS MAINTENANCE CERTIFICATION STATEMENT

*Note: All sections and questions must be completed to be "ACCEPTED" including date performed.*

<b>PROPERTY LOCATION</b>	<b>Site Street Address</b>	<b>DATE Tank(s) Pumped and/or Inspected</b>
<b>PARCEL I.D. #</b>		

<b>PROPERTY OWNER(s)</b>			
Name (print)		Phone Number - -	
Mailing Address			
City		State	Zip Code -

**TANK(s) INSPECTION** *PLEASE ANSWER ALL QUESTIONS*

**Surface Discharge Observed**  Yes  No **From -**  Septic Tank  Pump Tank  ATU Tank  Holding Tank  Other

<input type="checkbox"/> <b>Septic Tank not pumped</b> as evaluated combined sludge & scum volumes equaled less than one third of tank volume	Effluent Filter Equipped ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filter In-place & Functional ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filter Cleaned ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Material:**  Fiberglass  Concrete  Plastic  Metal  Single Tank-(s)  Combination Tank

Tank type & Approximate Capacity	Gallons Pumped	Riser Buried?		Riser Cover Secured ?		Riser Appears Water Tight & Functional?		Baffles In-place & Functional ?		Tank Appears Water Tight & Functional?		Alarm(s) & Pump(s) Operational ?	
		Outlet	Inlet	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/> Septic Gals.													
# - 2													
<input type="checkbox"/> Pump Gals.													
# - 2													
<input type="checkbox"/> ATU Gals.													
# - 2													
<input type="checkbox"/> Holding Gals.													
# - 2													

If - **NO** or **OTHER** - describe what observed - \_\_\_\_\_

**DRAIN-FIELD INSPECTION**

**Surface Discharge Observed -**  Yes  No **Water Observed In Observation/ Vent Pipe(s) -**  Yes  No

**Type:**  Mound  At-Grade  Non-Pressurized In-Ground (  With Lift )  Pressurized In-Ground Other describe: \_\_\_\_\_

**PRETREATMENT UNIT** (Septage Service Operator identify type only)

**Type:**  Media Filter  Aerobic Treatment Unit  Constructed Wetland  Disinfection Unit Other describe: \_\_\_\_\_

Attach Unit Manufacturer Inspection form with description of required maintenance performed including lab analysis if required **POWTS Maintainer credential required**

**SEPTAGE SERVICE OPERATOR VERIFICATION**

**Responsibility Statement** – I the undersigned, certify that the data reported on this form was obtained by me and is correct to the best of my knowledge and belief.

Name (print)	Signature	Cert. No.	Phone No.
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For Dept. Use Only

<input type="radio"/> Based on information provided POWTS appears functional. <input type="checkbox"/> Based on information provided POWTS appears malfunctioning.	Comments - _____ _____	
Date Reviewed & Accepted	Inspector's Signature	Cert. No.