Commonwealth of Massachusetts  
City/Town of  
System Pumping Record  
Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

A. Facility Information

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

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

B. Pumping Record

1. Date of Pumping

2. Quantity Pumped:

3. Type of system:  
   - ☐ Cesspool(s)  
   - ☐ Septic Tank  
   - ☐ Tight Tank  
   - ☐ Grease Trap  
   - ☐ 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

   Signature of Receiving Facility
   Date