

Centre Township Septic System Report

449 Bucks Hill Road, Mohrsville, PA 19541

Phone: 610-926-8833

Fax: 610-926-8832

Pumping Contractor: _____ Registration #: _____

Address of Inspection: _____ Inspection Date: _____

Resident's Name: _____

Resident's Phone Number: _____

- System Classification: Conventional Alternate Experimental
- Treatment System: Septic Tank Holding Tank Denitrification
 Aerobic Tank Vault Privy Other: _____
- Distribution: Pressure Pump Siphon Gravity
- Absorption: Std. Trench Elev. Sand Mound IRSIS Drip Disposal
 Std. Bed Elev. Sand Trench At-Grade Other: _____
- Treatment Tank Access: 24-inch Diameter Manhole _____
- Field Observations: Visible Malfunction Crack or Hole in Tank Wall Other: _____
 Noticeable Odors Missing or Deteriorated Baffles _____
 Wet Areas near System Runback from Absorption Area to Tank
 High Liquid Level in Tank Swimming Pool or Other Structures on System
 Low Liquid Level in Tank Gray Water Discharge to Surface
 Inspection Ports Downspout Runoff into System
 Manhole Extensions Lush Green Grass Area Near System

Tank Size: _____ Gallons

Amount of Septage Removed: _____ Gallons

Description of Maintenance other than pumping performed:

Overall System Condition: Satisfactory Unsatisfactory

If unsatisfactory, recommendation to homeowner.

Name of Inspector: (Please Print) _____

Signature of Inspector: _____

Please submit this form to the Township within 15 days of inspection

***NOTICE:** Completion of this report is required by the Township for informational purposes only and shall not be deemed to be any certification of conditions for real estate purposes.