



TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS

Board of Health

499 Plymouth St., Halifax, MA 02338
Telephone (781) 293 6768 * Fax (781) 293 1738

Septic System Function Check Reporting Form

From: _____

(*Your Company Name Here*)

Note: This function check form must be filled out completely any time a waste disposal system within fifty feet of the Monponsett Ponds is pumped, as of September, 2002.

1. Property Address: _____ Map _____ Lot _____

2. Property Owner's Name _____

3. Date of Pump/Function Check: _____

4. Septic System Components Present: (Please put a check next to all known components.)

_____ Cesspool	_____ Leach Pit	_____ Distribution Box
_____ Overflow Cesspool	_____ Leaching Trenches	_____ Tight Tank
_____ Septic Tank, concrete	_____ Leaching Bed or Field	_____ other _____
_____ Septic Tank, metal		

5. Cesspool(s)

Circle YES if there is **problem**.
Circle NO if there is no problem.

5. Septic Tank

Circle YES if there is **problem**.
Circle NO if there is no problem.

5. Tight Tank

Circle YES if there is **problem**.
Circle NO if there is no problem.

*Ponding or Breakout Yes No
*Cesspool structure Yes No
*Liquid level above Inlet invert Yes No

*Ponding or Breakout Yes No
*Tank structure Yes No
*Liquid level above outlet invert Yes No
*Tees or baffles Missing or broken Yes No

*Ponding or Breakout Yes No
*Tank structure Yes No

6. Leaching area: Run back from leaching area? Yes No

*If yes circled on any of the above, please describe the problem(s) you have seen: _____

7. Repairs: please describe any repairs made: _____

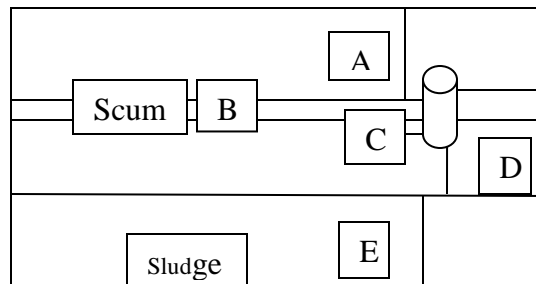
8. Volume pumped _____ gallons

9. Sludge and Scum Levels: If tank is not pumped, complete Septic Tank Drawing Information.

Distance from top of outlet tee/baffle to top of scum: A _____ Thickness of scum: B _____

Distance from bottom of scum to bottom of outlet tee/baffle: C _____

Distance from bottom of outlet tee/baffle to top of sludge: D _____ Thickness of sludge: E _____



10. Additional comments: _____

11. Please print driver's name: _____

The following may be blank on the homeowner's copy: (Sketch/drawing on back)

12. Contents disposed at: _____ Date: _____