RICHMOND TOWNSHIP
SEWAGE MANAGEMENT INSPECTION REPORT 2026

Name: _____ **Pump Date:** _____
Address:_____ **Time:** _____
_____ **Pumping District** _____
Site Location: _____

Occupancy Status: Occupied Full Time Vacant Other: _____
No. Bedrooms _____ **Septic Tank Material** _____
Tank Pumped? y / n **Tank Accessible?** y / n **Reason:** _____
Volume Pumped _____ **gallons**

TYPE OF SYSTEM

___	**Holding Tank**	___	**IRSIS**
___	**Cesspool**	___	**Pressure Dosed ESM**
___	**Gravity Inground Bed/Trench**	___	**Small Flow Stream Discharge**
___	**Pressure Dosed Inground**	___	**Large Volume Community On-Lot**
___	**Non Pressure Dosed ESM**	___	**Other:** _____

CONDITION OF SEPTIC TANK(S)

4" Inspection Port	Present	Damaged/Missing	Does Not Apply	Not Observed
Inlet Baffle Condition	Present	Damaged/Missing	Does Not Apply	Not Observed
Outlet Baffle Condition	Present	Damaged/Missing	Does Not Apply	Not Observed
Manhole/Riser	Present	Damaged/Missing	Does Not Apply	Not Observed
Water Stream Flowing Into Tank From House	No	Yes/Trickle Yes/Steady Flow	Does Not Apply	Not Observed
Water Stream Flowing Into Tank From Drainfield	No	Yes/Trickle Yes/Steady Flow	Does Not Apply	Not Observed

Tank Condition Comments: _____
_____

ABSORPTION AREA CONDITIONS:

No Problems Observed		**Does Not Apply**
Odor Present	**Lush Vegetation**	**Wet/Soggy Area**
Discharge of Greywater	**Discharge of Sewage**	**Other Problems**

Absorption Area Comments: _____
_____

Functioning Pump Alarm Yes / No **Service Comments:** _____
_____

Service Recommended? Yes / No

ADDITIONAL NOTES OR COMMENTS:

_____

Submit **report form and pumping slip** within 30 days of pumping to: Richmond Township
11 Kehl Drive
Fleetwood, PA 19522

Hauler Name: _____ License No.: _____
Hauler Signature: _____ Email Address: _____

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