



Commonwealth of Massachusetts
 City/Town of **NORTH ANDOVER, MASSACHUSETTS**
System Pumping Record
 Form 4

DEP has provided this form for use by local Boards of Health. The System Pumping Record must be submitted to the local Board of Health or other approving authority.

A. Facility Information

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



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

B. Pumping Record

1. Date of Pumping

Date

2. Quantity Pumped:

Gallons

3. Type of system:

Cesspool(s)

Septic Tank

Tight Tank

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

<http://www.mass.gov/dep/water/approvals/t5forms.htm#inspect>