

SS-193 Septic Tank Cleaner – Quarterly Log rev 02/15

Business Name: _____

Permit Number: **STC-** - -

• Date	• Property Owner • Address (of tank location)	• Tank Size • Material	• Volume Pumped (Gallons)	• Condition of Baffles? • Outlet Filter	• Other Conditions Noted (cracks, leaks, or other poor conditions) • Scum/Sludge Depths	• Site Where the Contents Will Be Disposed?
	Owner: _____ Address: _____ City: _____ State: _____ Zip code: _____	Size (gallons) _____ Concrete or Plastic _____	Septage or _____ Grease _____	Inlet Baffle _____ Outlet Baffle _____ Outlet Filter _____	Scum depth _____ Sludge depth _____	
	Owner: _____ Address: _____ City: _____ State: _____ Zip code: _____	Size (gallons) _____ Concrete or Plastic _____	Septage or _____ Grease _____	Inlet Baffle _____ Outlet Baffle _____ Outlet Filter _____	Scum depth _____ Sludge depth _____	
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