



**SEPTIC TANK PUMP OUT AND INSPECTION CHECK LIST**

Check one: NEW CONSTRUCTION \_\_\_ PREVIOUSLY IN CWC PROGRAMS \_\_\_

Homeowner Name \_\_\_\_\_ Tax Map # \_\_\_\_\_

Address \_\_\_\_\_

Inspector Signature and Company \_\_\_\_\_

Volume of septage removed from septic tank by contractor: \_\_\_\_\_gallons

Tank capacity: \_\_\_\_\_gallons

Depth of soil over septic tank access cover \_\_\_\_\_

Soil removed by Homeowner  Yes  No

Observed Condition:

- |                                      |                               |                               |                              |
|--------------------------------------|-------------------------------|-------------------------------|------------------------------|
| A. Baffles                           | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |
| B. Tank walls, floor                 | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |
| C. Access Cover                      | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |
| D. Effluent Filter<br>(if installed) | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> bad |

Other Notes \_\_\_\_\_

**Return this form with signed reimbursement form, contractors receipt and proof of payment to  
Catskill Watershed Corp. 669 County Highway 38- Suite 1, Arkville NY 12406**