



Commonwealth of Massachusetts
 Town of Barre
System Pumping Record
 Form 4

Board of Health
40 West Street
P.O. Box 431

Phone 978-355-5002
Fax 978-355-5009
E-mail boardofhealth@townofbarre.com

The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

A. Facility Information

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 Grease
 Trap

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 _____

Signature of Receiving Facility _____ Date _____