

# Mid-Michigan District Health Department

Clinton Branch Office  
1307 E. Townsend Rd.  
St. Johns, MI 48879  
Phone: 989-224-2195  
Fax: 989-224-4300  
www.mmdhd.org

Gratiot Branch Office  
151 Commerce Drive  
Ithaca, MI 48847  
Phone: 989-875-3681  
Fax: 989-875-1049  
www.mmdhd.org

Montcalm Branch Office  
615 N. State Road, Suite 1  
Stanton, MI 48888  
Phone: 989-831-5237  
Fax: 989-831-9227  
www.mmdhd.org

## **ON-SITE SEWAGE SYSTEM PUMP CARD**

*(To be completed by Septic Hauler)*

Property address \_\_\_\_\_

Owner \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

Date of Service \_\_\_\_\_ Tanks Serviced:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Volume of tank(s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Was the outlet baffle in place?  Yes  No  Not Determined

Was there an effluent filter?  Yes  No  Not Determined

Were there any signs of system failure?  Yes  No  Not Determined

COMMENTS: \_\_\_\_\_

***Provide a sketch showing the general location of the septic tank in relation to the house, well, or other property feature. PLEASE USE DIMENSIONS WHERE POSSIBLE.***

I certify that the findings reported above are accurate and were obtained through my personal observations and measurements on the date specified, unless otherwise noted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
License Number