

# Riley County Septage Pumping Report

Telephone: 785-537-6332, ext. 7505, Fax 785-537-6331

- All septic tanks in Riley County must be **completely pumped** and inspected at a minimum of every **5 years**.
- Any "**No**" checked box requires the comment box to be completed and may be indicative of a failed septic tank and/or lateral field (excluding tanks prior to filter requirement). A "**Repair Permit**" will be required.
- Submit the completed inspection report to the Riley County Environmental Health **within 10 days**.

Septic System Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Pumped: \_\_\_\_\_ Septic Tank Capacity: \_\_\_\_\_ (gallons) Depth: \_\_\_\_\_ (feet)

Location of the Septic Tank: \_\_\_\_\_

Evaluation of System	Yes	No	Comments
Access lids are intact and water tight.			
<i>Inflow</i> tee and baffle are securely in place.			
<i>Outflow</i> tee and baffle are securely in place.			
Interior walls, floor, and top are free from cracks or damage.			
Liquid level in the septic tank prior to pumping is normal.			
Water from lateral field <u>does not</u> flow back into septic tank after pumping.			
Filter serviced (only if present on the system)			
Laundry, sinks, tubs and showers are connected to the septic tank.			

If repair is required, please document who will perform repair. \_\_\_\_\_

Pumped by: \_\_\_\_\_

I affirm that conditions noted are accurate based on a visual observation made at the time of service. No warranty as to the continued serviceability of the septic system or laterals is expressed or implied.

Signature of Pumper: \_\_\_\_\_

Date: \_\_\_\_\_

Disposal Site: _____	Date: _____	Time: _____
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