



# CITY OF GLOUCESTER

Public Health Department  
978-325-5260

WEBSITE: [www.gloucester-ma.gov](http://www.gloucester-ma.gov)



**Public Health**  
Prevent. Promote. Protect.

## SEPTIC WASTE DISPOSAL AND SYSTEM FUNCTION CHECK REPORTING FORM

*Note: This function check form must be filled out completely any time you visit a site in order to pump a waste disposal system in the City of Gloucester. Form must be submitted to the Board of Health via the Waste Water Treatment Facility at time of disposal.*

1. **Property Owner's Name:** \_\_\_\_\_
2. **Property Contact Phone Number:** \_\_\_\_\_
3. **Property Address:** \_\_\_\_\_ **Map** \_\_\_\_\_ **Lot** \_\_\_\_\_
4. **Date of Pump/Function Check:** \_\_\_\_\_

5. **Septic System Components Present** (Please put a check next to all known components):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cesspool          | <input type="checkbox"/> Leach Pit             | <input type="checkbox"/> Distribution Box |
| <input type="checkbox"/> Overflow Cesspool | <input type="checkbox"/> Leaching Trenches     | <input type="checkbox"/> Tight Tank       |
| <input type="checkbox"/> Septic Tank       | <input type="checkbox"/> Leaching Bed or Field | <input type="checkbox"/> Other: _____     |

*In the appropriate column(s) below, circle **Yes** if there is a problem or **No** if there is no problem.*

**6. Cesspool(s)**

- |  |          |
|--|----------|
| Breakout or ponding                    | YES – NO |
| Cesspool structure                     | YES – NO |
| Liquid level above <u>inlet</u> invert | YES – NO |

**6. Septic Tank**

- |   |          |
|---|----------|
| Breakout or ponding                     | YES – NO |
| Tank structure                          | YES – NO |
| Liquid level above <u>outlet</u> invert | YES – NO |
| Tees or baffles missing or broken       | YES – NO |

**6. Tight Tank**

- |                     |          |
|---------------------|----------|
| Breakout or leaking | YES – NO |
| Tank structure      | YES – NO |

If **YES** circled on any of the above, please describe the problem(s) you have seen:

\_\_\_\_\_  
\_\_\_\_\_

7. **Repairs:** Please describe any repairs made: \_\_\_\_\_

8. **Volume Pumped:** \_\_\_\_\_ gallons      Note: All cesspools **MUST** be pumped.  
Septic tanks must be pumped if the top of sludge layer is within 12" of the bottom of the outlet tee/baffle or the scum layer is within 2" of the top or bottom of the outlet tee/baffle.

9. **Sludge and Scum Levels:** If tank is not pumped, complete and attach Septic Tank Drawing Form.

10. **Additional Comments:** \_\_\_\_\_

11. Please Print **Driver's Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

12. **Contents Disposed At:** Gloucester WWTP \_\_\_\_\_ Other: \_\_\_\_\_ Date \_\_\_\_\_