

94 LAKKSPUR





Commonwealth of Massachusetts
 City/Town of
System Pumping Record
 Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. 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

Important:
 When filing out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. System Location:

Address: 94 Larkspur Drive
 City/Town: AMHERST State: MA Zip Code: 01002

2. System Owner:

Name: Deb Napier
 Address (if different from location): _____
 City/Town: _____ State: _____ Zip Code: _____
 Telephone Number: 413-253-4072

B. Pumping Record

1. Date of Pumping: 5-11-11 2. Quantity Pumped: 1500
Date 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: VERY GOOD

6. System Pumped By:

Name: TIM O'BRIEN Vehicle License Number: TICK # 3
 Company: Superior Septic Services LLC

7. Location where contents were disposed:

TOWN OF ENVOY WWTP
 Signature of Hauler: TIM O'Brien Date: 5/11/11
 Signature of Receiving Facility: AIRT Date: 5-12-11

