

Meister

MANIFEST FOR SEPTAGE DISPOSAL

HAULER'S NAME Art Schuetz

Address of Property: 48 Co Rd 6

City: Liberty Center Township: Washington Section: _____

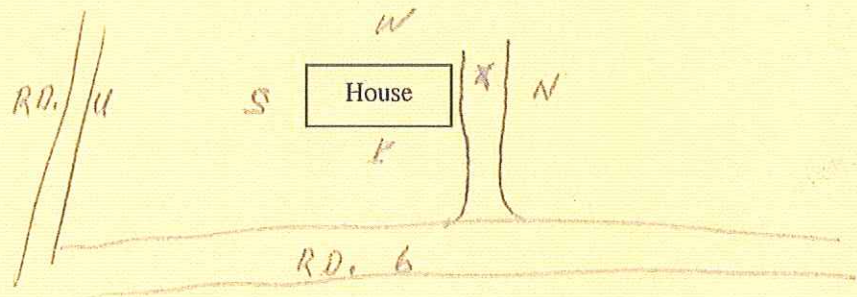
Size of tank: 2000 ___ 1500 ___ 1200 ___ 1000 X other: _____ gallons

Effluent Filter: Yes ___ No X Filter Cleaned at this time: Yes ___ No ___

Tank: Cement X Plastic ___ Clay tile ___ Cement Block ___ Other ___

Date Collected: 8-27-12 Condition of the Tank: Good

Indicate location of House, Septage Tank and Road. Distance tank from House: 7 feet



Disposal Site:

Treatment Plant: McCleure Lagoons

Signature of Plant Operator: [Signature] 2:50 P.M.
Or

Land Application Site (For approved counties): _____

County: _____
Injection ___ Spread on Surface ___ pH _____

Will field be plowed in 24 hours? Yes ___ No ___

Return form to the Health Department in which the Septage was collected:

- Defiance County HD, 1300 East Second Street, Suite 100, Defiance, Ohio 43512
- Fulton County HD, 606 S. Shoop, Wauscon, OH 43567
- Henry County HD, 1843 Oakwood Avenue, Napoleon, OH 43545
- Paulding County HD, 800 East Perry Street, Paulding, Ohio 45879
- Putnam County HD, 256 Williamstown Rd, P. O. Box 330, Ottawa, OH 45875
- Williams County HD, 310 N. Lincoln Ave., P.O. Box 146, Montpelier, OH 43543
- Other _____

Local Health District

Delaware County General Health District
 100 E. Main Street, Suite 400
 Delaware, OH 43015
 419-784-3818

SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

Pumping Date: <u>11-15-18</u>	County: <u>DELAWARE Henry</u>	Township: <u>Washington</u>
Pumping Location Address (include city & zip) <u>11007 Co Road 6 (U-007 Cordle)</u>		
Name of Person making Request: <u>Robert Meister</u>	<input checked="" type="checkbox"/> Check if this person is the owner	Phone #:

TANK PUMPING INFORMATION	<input checked="" type="radio"/> Residential <input type="radio"/> Commercial	# of Tanks: _____	Total Gallons Pumped: <u>500</u> gal.
Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession.			
<input checked="" type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing			
Check all that apply and place the number of the tank listed above next to the material type.			
<input checked="" type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____			
Give the volume of each tank pumped:			
Tank 1 _____ gal	Tank 2 _____ gal	Tank 3 _____ gal	Tank 4 _____ gal

TANK CONDITION OBSERVATIONS			
Tank Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine	If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Risers:	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet	
Riser Lids:	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor	
Evidence of Leaking?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Inconclusive	Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Inconclusive	
High Water Level at time of pumping	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Could not determine	If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Evidence of previous tank high water level observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Inconclusive	If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Baffle(s) and Tee(s)	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not observed	If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Baffle(s) or Tee(s) Condition (if observed):	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Effluent Filters	<input type="checkbox"/> Present <input type="checkbox"/> Missing <input checked="" type="checkbox"/> N/A, tank older than 2007	If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Solids Removed	Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____	Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Solid Waste Facility taken to: _____	
Did spillage occur during pumping process?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all Repairs, Additional Work and Comments:

Disposal Location:	<input checked="" type="checkbox"/> Waste Water Treatment Facility Name of Facility: <u>Delaware</u>
<input type="checkbox"/> Land Application Permit #: _____	Address: <u>Angela Yegh, 11/15/18 1:40pm</u>

Driver/Technician Name (printed) <u>Jeremy Tressler</u>	Company Phone #:
Septage Hauling Company: <u>Tressler Plumbers</u>	Registration #:

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: 3 to 5 Years _____ Months
 REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.

*A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District