Acton Board of Health Pumping Report

SEPTAGE HAULER_____

DATE: _____

ADDRESS:_____

OWNER:_____

GALLONS PUMPED:_____

GREASE TRAP: _____SEPTIC TANK : _____

ROUTINE: _____Y _____N

BLOCKAGE: _____Y _____N

ACTION TAKEN:_____

PEROX TREATMENT: _____Y _____N

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