

**SEPTIC SYSTEM FLUSHING REPORT FORM**

Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Address: \_\_\_\_\_

County: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**Please describe how system was flushed, including access points used in order to clean the system and any other observations made at time of flushing.**

**Complete or attach a sketch of building lot, dwelling, and areas of repair as noted above.**

This report must be submitted within three days of flushing the system

Certified Septic Tank Cleaner (Flusher): \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Certified Septic Tank Cleaner (Pumper): \_\_\_\_\_ Certificate Number: \_\_\_\_\_