

New Hanover Township

Operation & Maintenance Schedule Checklist

Property Owner Name: _____ Phone # _____

Property Owner Address: _____

Please complete the applicable items of the following checklist as part of your annual maintenance contract. Never attempt to enter a septic or pump tank due to harmful gases that may accumulate. This checklist must be received by the Township prior to April 30, 2022.

	Yes	No
1. Septic Tank		
Tank and tank lids appear to be watertight and in sound and durable condition?	☐	☐
Was the tank pumped out this year by a licensed septic pumper?	☐	☐
If yes, please provide a copy of pumping receipt.		
Tank baffles appear to be in sound and durable condition?	☐	☐
2. Aerobic Septic Tank		
Tank and tank lids appear to be watertight and in sound and durable condition?	☐	☐
Aerator motor is always on and in good operational condition?	☐	☐
Was the tank pumped out this year by a licensed septic pumper?	☐	☐
If yes, please provide a copy of pumping receipt.		
Tank baffles appear to be in sound and durable condition?	☐	☐
3. Pump Tank #1		
Alarm was audibly confirmed to be in operational condition?	☐	☐
Alarm and pump float levels are in their correct / original positions?	☐	☐
4. Sand Filter Tank		
Tank is watertight and appears to be in sound and durable condition?	☐	☐
Locking mechanism on tank lids are secure and in good working condition?	☐	☐
Alarm was audibly confirmed to be in operational condition?	☐	☐
Surface of sand was lightly raked at least once during the last year?	☐	☐
What date(s) was the sand surface raked? Month _____ Year _____		
Splash blocks are correctly placed under the discharge holes?	☐	☐
Was the sand filter media replaced this year?	☐	☐
When was the sand filter media last replaced? Month _____ Year _____		
5. Pump Tank #2		
Alarm was audibly confirmed to be in operational condition?	☐	☐
Alarm and pump float levels are their correct / original positions?	☐	☐
Chlorinator is in good condition and chlorine tablets are present at all times?	☐	☐
Please provide a receipt for chlorine contact tablets.		
6. Spray Field (Spray Irrigation Systems Only)		
All spray nozzles were visually confirmed to be operating uniformly?	☐	☐
Vegetation is not present within a 5 foot radius of spray nozzles?	☐	☐
Vegetation is present and appears healthy outside of the 5 foot radius?	☐	☐
7. Effluent Quality (Spray Irrigation & Stream Discharge Systems Only)		
Please include a copy of the test results from the lab that sampled the effluent discharge for fecal coliforms, BOC, suspended solids, and chlorine residual.		

I, the aforesaid property owner, do attest that I understand the above maintenance criteria and the above information is true and correct to the best of my ability.

Date

Property Owner Signature