

**MOBILE COUNTY HEALTH DEPARTMENT
SEPTIC TANK MAINTENANCE INFORMATION**

Owner's Name: _____

Property (911) Address: _____

City, State, Zip: _____

Phone #: _____

Subdivision Name: _____ Lot #: _____ Block #: _____

Property Information

Type of dwelling or establishment: _____

Number of buildings connected to the system: _____

Any visible signs of sewage: Yes No

Actions taken: Pumped tank Cleaned filter Measured scum and solid layers
 Performed manufacturer required maintenance
 Other: _____

Follow-up actions taken: Request repair permit Next routine maintenance scheduled
 Other: _____

Name of Pumping Company: _____

Date: _____ AOWB License #: _____ Signature: _____