



Commonwealth of Massachusetts  
Town of Hudson  
**System Pumping Record**  
**Form 4**



DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. The System Pumping Record must be submitted to the Hudson Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Facility Information

1. System Location:

Address

City/Town

State

Zip Code

2. System Owner:

Name

Address (if different from location)

City/Town

State

Zip Code

Telephone Number

## B. Pumping Record

1. Date of Pumping

Date

2. Quantity Pumped:

Gallons

3. Component:

☐

Cesspool(s)

☐

Septic Tank

☐

Tight Tank

☐

Grease Trap

☐

Other (describe):

4. Effluent Tee Filter present? ☐ Yes ☐ No

If yes, was it cleaned? ☐ Yes ☐ No

5. Observed condition of component pumped:

6. System Pumped By:

Name

Vehicle License Number

Company

7. Location where contents were disposed:

Signature of Hauler

Date

Signature of Receiving Facility (or attach facility receipt)

Date