



Weld County Health Dept. System Cleaners Checklist



Company Name: Suc-n-up Phone number: (720) 224-1978

Customer Name: _____

Address of Pumping: 39507 Sunset Ridge C1

Pumping Date: _____

1. Tank Size: 1500 Gallons Pumped: 1500
2. Lift Station: Yes ___ No X If yes, functioning: Yes ___ No ___
Pump Alarm: Yes ___ No X If yes, functioning: Yes ___ No ___
3. Excessive water running back into tank from field? Yes ___ No X
If yes, estimate in gallons: _____
4. Liquid level in tank over inlet line? Yes ___ No X
5. Tank Construction (check one)
Concrete X Metal ___ Brick ___ Plastic or Fiberglass ___
Cesspool or Seepage Pit ___ Other _____
6. Tank Construction Observed: One Compartment ___ Two Compartment X
7. Inlet/outlet tees and/or baffles in good condition? Yes X No ___
8. Filter on outlet cleaned and inspected (if applicable)? Yes ___ No X M/A
9. Access to clean-out lids within 8 inches of grade?
Inlet: Yes X No ___ Outlet: Yes X No ___
10. 20 ml. plastic replaced and sealed over tank lid (flood plain only)? Yes ___ No X
11. Tank structurally sound and water tight? Yes X No ___
12. Access lids structurally sound and water tight? Yes X No ___
13. Obvious cracks/leaks observed? Yes ___ No X
If yes, explain area: _____
14. Other conditions noted which may affect proper functioning of system?

15. Reason for Service:

Maintenance ___ Real Estate Sale X Emergency/Backup ___ Other _____

