

**RECORD OF SERVICE**  
**Private Sewage Disposal System**

**Type of System:** \_\_\_\_\_

Date Installed: _____ Permit #: _____
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Installation Contractor: _____ Contractor's Phone: _____
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Date of Service: \_\_\_\_\_

Type of Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Chlorine Tablets Added
- Tank Checked
- Tank Pumped
- Motor Running
- Discharge Clear

Date of Service: \_\_\_\_\_

Type of Service: \_\_\_\_\_

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