SEWAGE TANK CLEANING LOG FOR THE QUARTER OF _____ THROUGH _____ DUE THE MONTH OF _____ YEAR _____

Medina County Health Department
Environmental Health Division
4800 Ledgewood Drive • P.O. Box 1033
Medina, Ohio 44258
Telephone: (330) 723-9523 FAX: (330) 723-9659

Cleaner/Hauler Company Name:

Cleaner/Hauler Signature: **Date:**

Medina County Health Department Permit Number:

NAME/ADDRESS	TOWNSHIP	DATE PUMPED	GALLONS PUMPED	WASTE [1] CODE	REMARKS [2] CODE	DISPOSAL SITE

[1]Waste Code: A. Residential Septic Tank B. Residential Aeration Tank C. Commercial Septic Tank D. Commercial Aeration Tank
E. Portable Toilet F. Grease Trap G. Other:

[2]Remarks: 1. Sanitary Sewer Connection 2. Aerator Malfunction 3. Tank Abandoned 4. Other:

****This form must be submitted to the Medina County Health Department by the 28th of April, July, October, and January for previous designated quarter as indicated in section 3.03 (G) (1) of the Medina County Sanitary Code***