



Septic Maintenance Program:

All fields on this form must be completed:

Name : _____

Unit & Lot Number: _____ Territory Address: _____

Home address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Galena Phone: _____

Email: _____

Year House built: _____ Date of last know Septic tank inspection/pumping: _____

Do you want the GTA Staff to select the contractor and schedule the work? Yes No

1. Your septic system will be scheduled for service every four (4) years.
2. If you selected GTA to schedule the work, the contractor selected to do the work will set a specific date with you to perform the work. You will be billed directly by the contractor for the work.
3. If you check no, you do not want GTA to schedule the work you will be sent a postcard reminder when it is time to schedule the inspection/pumping work for your septic system. When the work has been completed we ask that you forward a copy of the inspection report to the GTA office so that we can update your house file.

Owner Signature: _____ Date: _____