

**Lake of the Ozarks Watershed Alliance
Septic Tank Pump-Out Application**

NOTE: Septic pumping service company must have this application to honor the discount

Contact Information

Name: _____ Phone Number: _____

Address: _____

Directions: _____

Email: _____

Wastewater System

Do you know the Size/Capacity _____ gallons?

What do you know about the type of tank/system _____

When was the last time your system was pumped out _____

Describe the location of your tank _____

Is there anything the driver needs to know? _____

If making application by mail, send to:	LOWA PO Box 836 Sunrise Beach MO 65079	Or fill out on-line at: www.LOWATERSHED.org	
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For use by Septic Pumping Services only

Date Pump-out completed: _____
Number of gallons: _____
Total Cost: _____
LOWA discount: _____ \$50 _____
Customer paid: _____
