

CN# _____

SEWAGE MANAGEMENT APPLICATION
FOR
EXEMPTION FROM THE CURRENT PUMPING CYCLE

Lebanon County Planning Department
400 South Eighth Street, Room 206, Municipal Building, Lebanon, PA 17042
(717) 228-4444

Complete Sections I and II and mail to Lebanon County Planning Department

Section I. PROPERTY INFORMATION:

Owner's Name: _____

Municipality: _____

Mailing Address: _____

GIS ID #: _____

Site Address (if different): _____

Number of Bedrooms: _____

Number of Residents: _____

Telephone #: _____

If Non-Residential: (specify) _____

Year System Installed: _____

Date of Last Pumping (provide

Year(s) System Repaired: _____

documentation): _____

Section II. SEPTIC SYSTEM INFORMATION:

1. Type of treatment tank: () Septic () Aerobic () Other _____ () Unknown
2. Tank Size (1st): _____ gallon
Tank Size (2nd): _____ gallon
3. Type of Absorption Area: () Standard Trenches () Seepage Bed () Elevated Sand Mound
() At-Grade Bed () Other _____
4. Reason(s) for requesting exemption from current pumping cycle:
() New sewage system, less than one (1) year old (provide permit application number _____)
() Recent pumping, within last one (1) year
() Certification from qualified inspector verifying less than 1/3 tank depth filled with sludge and scum
() Other: _____

I, the undersigned, hereby request to be exempt from this current pumping cycle for the reason(s) noted above. I understand that, if the exemption is approved, I must have my tank(s) pumped or re-evaluated during the next pumping cycle. I have enclosed any documentation or pertinent information relevant to my septic tank pumping exemption request. Please forward this application, all supporting paperwork and the required administrative fee to the Lebanon County Planning Department.

Owner's Signature: _____

Date: _____

Section III. EXEMPTION ACTION (Office use only)

_____ APPROVED Maintain this form as your documentation of compliance with the Sewage Management Program requirements.

_____ DENIED Schedule pumping and remind your pumper/hauler to complete the pumping and report in accordance with your original notice.

Signature: _____

Date: _____

Title: _____ Sewage Management Program Coordinator _____