On-Lot Sewage Disposal System Complaint Form

Return this form to: Lebanon County Planning Department
400 South Eighth Street, Room 206
Lebanon, PA 17042
Phone: 717-228-4444 Fax: 717-228-4453

Person Filing Complaint

Name ___________________________ Date ___________________________
Address ___________________________ Signature ___________________________
Phone (day) ___________________________

If you wish your name to remain confidential check here ______

Complaint Location & Information

Municipality _______________________________________________________
Property Owner(s) _________________________________________________
Mailing Address ___________________________________________________
Phone Number (if known) ___________________________________________
Directions to Site (give detailed instructions) ___________________________
_________________________________________________________________
_________________________________________________________________

Type of Problem (Describe condition or violation and location on property – be specific – attach sketch if necessary) ____________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Has this condition been reported previously? _____ Yes _____ No
If yes, to whom:
Municipal Official Name ___________________________ Date ___________________
Sewage Officer Name ___________________________ Date ___________________
Other Name ___________________________ Date ___________________

What response have you received? _______________________________________
_________________________________________________________________
_________________________________________________________________

Official Use Only – Received by ___________________________ Date __________
Forwarded to ___________________________ Date ___________________