

SEWAGE MANAGEMENT APPLICATION
FOR
EXEMPTION FROM THE CURRENT PUMPING CYCLE

Control # _____

Cornwall Borough
44 Rexmont Road, Lebanon, PA 17042
(717) 274-3436

Complete Sections I and II and mail to the Cornwall Borough

Section I. PROPERTY INFORMATION:

Owner's Name: _____

Mailing Address: _____

Site Address (if different): _____

Telephone #: _____

GIS ID# _____

Number of Bedrooms: _____

Number of Residents: _____

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 Cornwall Borough Office.**

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