

On-Lot Septic System Report for Abbottstown Borough

241 High Street, Abbottstown, PA 17301

(717) 259-0965 abbottstown@comcast.net

1. Date of Pumping ____ / ____ / ____
2. Treatment System: Septic Tank Aerobic Tank Cesspool Dry Well
 Other _____
3. System Type: Sand Mound In Ground Holding Tank Other _____
4. Property Owner's Name: _____
Address: _____

City

State

Zip Code

5. Address of Tank Location: _____
(If different than line 4) _____

City

State

Zip Code

6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers and hatches and size of tank. Description: _____

7. Date system was installed (if unknown, approximate date) ____ / ____ / ____

8. Date of last pump out (if unknown, approximate date) ____ / ____ / ____

9. List of other maintenance performed

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other _____

10. Check any of the following conditions observed:

- High Water Level in Tank
- Wet Areas Near System or Site
- Noticeable Odors
- Sewer Backup into House
- Abundant Grass Growth Near System or Site
- Backflush of Water from Absorption Area to Tank
- Other _____

11. Septic Tank Data

Size/Capacity of Tank: _____

Depth of Tank: _____

Depth of Solids: _____

Depth of Scum: _____

Are there baffles in the tank: Yes No

Provide Diagram w/dimensions of Septic Tank Location

Condition of the baffles: _____

12. Amount of septage or other solid or semi-solid material removed: # _____ Gallons

13. Recommendations: _____

14. Destination of the septage (name of treatment facility, include address if private property) _____
DEP Permit # _____

Signature of Pumper _____ Company _____

NOTICE: A legible and complete report is required by Abbottstown Borough Ordinance 2020-04. This report is to be submitted to the property owner and a copy mailed or hand delivered (no faxes or emails) within thirty (30) days after pumping to: Abbottstown Borough, 241 High Street, Abbottstown, PA 17301.

ABBOTTSTOWN BOROUGH
Sewage Pumper/Hauler Registration
241 High Street, Abbottstown, PA 17301
(717) 259-0965 abbottstown@comcast.net

Name of Company: _____

Address: _____
Street / P.O. Box

_____ City _____ State _____ Zip Code

Phone Number(s): _____

Email Address: _____

Contact Person: _____

Please Provide the Following Information

PA DEP Septage Transporter Number: _____

Disposal Facility and Permit Number: _____

I hereby certify that by signing this Registration that the above named company will fully comply with all requirements of Abbottstown Borough's Ordinance No. 2020-04 Governing Municipal Management of On-Lot Subsurface Sewage Disposal Facilities.

I also certify that the above mentioned firm will dispose of the sewage waste in accordance with the state and local regulations and provide documentation of such to those regulatory agencies requiring such reports.

Any violation of the requirements of the Borough Ordinance or state and local regulations could result in the loss of your Registration. **Please remit to Borough Office with Cert. of Liability and Workers' Compensation coverage.**

Signature of Pumper: _____ Date: _____

Print Name: _____