



**SEWAGE MANAGEMENT APPLICATION  
FOR EXEMPTION  
FROM THE CURRENT PUMPING CYCLE**

**North Lebanon Township  
725 Kimmerlings Road, Lebanon, PA 17046  
(717) 273-7132**

**Complete Sections I and II and mail to North Lebanon Township.**

**Section I. PROPERTY INFORMATION:**

Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Site Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

Municipality: North Lebanon Township  
GIS ID #: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Residents: \_\_\_\_\_  
If Non-Residential: (specify) \_\_\_\_\_

Year System Installed: \_\_\_\_\_  
Year(s) System Repaired: \_\_\_\_\_

Date of Last Pumping (provide documentation): \_\_\_\_\_

**Section II. SEPTIC SYSTEM INFORMATION:**

1. Type of treatment tank: ( ) Septic ( ) Aerobic ( ) Other \_\_\_\_\_ ( ) Unknown
2. Tank Size (1<sup>st</sup>): \_\_\_\_\_ gallon  
Tank Size (2<sup>nd</sup>): \_\_\_\_\_ 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 North Lebanon Township.** Make check payable to **"North Lebanon Township Municipal Authority"**.

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: \_\_\_\_\_  
Title: Assistant Township Manager

Date: \_\_\_\_\_