

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

Control # \_\_\_\_\_

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 #: \_\_\_\_\_  
\_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  
Site Address (if different): \_\_\_\_\_ Number of Residents: \_\_\_\_\_  
\_\_\_\_\_ If Non-Residential: (specify) \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
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 (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 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 \_\_\_\_\_