

BETHLEHEM TOWNSHIP

ON-LOT SEWAGE DISPOSAL SYSTEM CERTIFICATION FORM

Property Tax Number (PIN when possible): _____

Property Owner's Name: _____
(LAST name, FIRST name)

Property Address to be Cleaned: _____

City, State, Zip: _____

Address of property owner if different from property address to be cleaned (Names on Deed):

1	Date of Pumping:								
		S	M	T	W	Th	F	S	
2	Type of Property:	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>						
3	Drainage System:	Sand Mound <input type="checkbox"/>	Trench <input type="checkbox"/>	Cesspool <input type="checkbox"/>	Field <input type="checkbox"/>				
4	Risers to Grade and Secure:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>					
	OR								
	Top of Tank 12" or Less Below Grade:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>					
5	Septic Tank:	Concrete <input type="checkbox"/>	Plastic <input type="checkbox"/>	Fiberglass <input type="checkbox"/>	Stone <input type="checkbox"/>				
6	Septic Tank Capacity:	_____gallons	<input type="checkbox"/>	Single Tank	<input type="checkbox"/>	Two Tanks			
7	Condition of ALL Baffles:	_____							
8	Dosing Tank Type:	N/A <input type="checkbox"/>	Plastic <input type="checkbox"/>	Concrete <input type="checkbox"/>	Fiberglass <input type="checkbox"/>	Other <input type="checkbox"/>			
9	Dosing Tank Capacity:	_____gallons	<input type="checkbox"/>	Single Tank	<input type="checkbox"/>	Two Tanks			
10	Condition of Components:	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	NOI Satisfactory				
11	Backflow:	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
12	Absorption Area:	<input type="checkbox"/>	NO Surface Discharge	<input type="checkbox"/>	Surface Discharge				
13	Comments Regarding System:	_____							

Pumper/Hauler Company Name: _____

Pumper/Hauler's PA License No: _____

Pumper's Name (Print): _____ Signature: _____

Name of Approved Disposal Site Facility: _____

