

Solebury Township Septic Tank Pumping Submittal Form

Property Tax Parcel #: _____

Property Address: _____

Owner of Record: _____

Phone number: _____

Mailing address (if different from property address): _____

TO BE COMPLETED BY BUCKS COUNTY LICENSED HAULER

Type of system:

___ Conventional (tank and field) ___ Alternative System ___ Cesspool ___ Unknown

System pumped by: _____

Name of Bucks County Licensed Septic Hauler

Attach pumping receipt OR have hauler complete the following statement:

I verify that on _____ (mm/dd/yy), _____ (#of gallons) of septage were pumped from the above mentioned property. The contents were disposed at a PA DEP approved facility/site. A visual inspection was performed and the system is functioning correctly with the following exceptions noted:

Liquid Waste Haulers Signature: _____

Please submit this form along with the pumping receipt (if applicable). You may email the pump-out report to: smp@soleburytwp.org, fax the report to 215-297-8402, or mail the report addressed to "Sewage Management Program" Solebury Township, 3092 Sagan Road, P.O. Box 139, Solebury, PA 18963.