Springfield Township, Bucks County



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Septic Pumping Exception Application

Name: _____

	Property Address:	_(street)
		_(city/state/zip code)
	Mailing Address:	_(street)
	ptic Tank Size:	
	Tax Map Parcel:	_
	Number of Occupants:	_
	Septic Tank Size:	_
	Date of Last Pumping:	
whene of the There	ed sewage hauler selected by the property owner, at least once every threever inspection reveals that the treatment tanks are filled with solids in excluding depth of the tank or with scum in excess of one-third (1/3) of the ligare five (5) exceptions to the three (3) year pumping requirement. Please	ee (3) years or cess of one-third (1/3) quid depth of the tank. identify which of the
1.	I have provided at least one (1) proof of pumping and now my pr	operty contains no
occupa	ants. The property shall be exempt from further pumping until such time	as the property or
		e-occupancy without
•	-	
•		•
-		pancy without
notifyi	ing the Township shall constitute a violation.	

3 I have provided at least one proof of pumping. My septic tank is in good repair, is at		
east 1000 gallons and my property is not inhabited by more than two persons. I understand that I		
must pump once every (5) five years, unless inspection reveals that the treatment tanks are filled with		
solids in excess of one-third (1/3) of the liquid depth of the tank or with scum in excess of one-third		
1/3) of the liquid depth of the tank. This exemption shall expire upon issuance of a new Certificate of		
Occupancy.		
4 I have provided at least one (1) proof of pumping and I have razed or demolished the		
principle structure with a valid permit from the Township. I am exempt from pumping until such time		
as a new Certificate of Occupancy is granted.		
My property does not contain an on-lot sewage facility system and is not occupied. I		
am exempt from pumping until such time as a Certificate of Occupancy is granted.		
(print name), verify that the statements made in this Application		
are true and correct to the best of my knowledge, information and belief and understand that false		
statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn		
alsification to authorities.		
Date:		

Signature of Property Owner