

APPLICATION FOR ABANDONMENT OF ON-LOT SEWAGE DISPOSAL SYSTEMS UPPER SAUCON TOWNSHIP

Abandonment Permits are issued in accordance with Upper Saucon Township Ordinance No. 78 and Fee Schedule Resolution No. 2011-27

LOCATION OF PROPOSED SEPTIC ABANDONMENT:

Property Address: _____ Tax PIN _____

Lot # _____ Subdivision/Land Development: _____

Applicant: _____ Phone # _____ Cell # _____

Mailing Address: _____ Email _____

Property Owner (if different than applicant): _____

Owner Address: _____

ABANDONMENT CONTRACTOR CONTACT INFORMATION:

Name: _____ Phone # _____ Cell # _____

Mailing Address: _____

TYPE OF TANK TO BE ABANDONED:

Septic Tank Cesspool Other

Collapsed/Filled Not Collapsed/Filled

PROPOSED WORK START DATE: _____

To the best of my knowledge and belief, all information on this application is true, correct, and complete and with the understanding that any false statement is subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to "Unsworn Falsification to Authorities".

Applicant's Signature _____ Date _____

Print Name _____

TOWNSHIP USE ONLY

Abandonment Permit # _____ Issued: _____ Fee \$ _____

SEO Field Notes:

Inspection Date: _____ Inspected by: _____