

# Board of Supervisors of Wolf Township



LYCOMING COUNTY, PENNSYLVANIA  
WOLF TOWNSHIP ORDINANCE NO. 91-04-15  
ON-LOT SEWAGE SYSTEM CERTIFICATION FORM

I, the undersigned pumper/hauler, hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a total of \_\_\_\_\_ gallons of septage were pumped from the on-lot sewage disposal system on the property described below. The septage was disposed of at a DER permitted facility or site.

PROPERTY INFORMATION:

Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of property if different from owner's mailing address: \_\_\_\_\_

System:  Septic  Aerobic  Cesspool  Dry Well  Other

Baffle Condition:  Acceptable  Needs Repair/Replacement (Problem Description)

Condition of sides:  Acceptable  Cleaned at Time of Pumping

Pumping Done By: \_\_\_\_\_

\_\_\_\_\_  
Pumper/Hauler Signature

Original - Township

Copy - Owner

Copy - Retained by P/H