

UPPER BERN TOWNSHIP

PO Box 185 • 25 North 5th Street • Shartlesville, PA 19554
Phone: 610.488.1191 • Fax: 610.488.0444 • Email:upperberntownship@comcast.net

Septic Pumping Waiver

Name: _____
Property Address: _____
Mailing Address: _____
Phone Number: _____
PIN Number: _____
Number of people in the home: _____
Septic Tank Size: _____ Gallons
Reason for Waiver Request: _____

I, _____, understand that if I am granted this waiver, I am required to have a licensed septic hauler pump my tank within three (3) years of the approval date.

I, _____, understand that if any damage or overflow of my tank should occur that the township is not liable for the repair of or damages to fix the tank or my property.

Signature of Property Owner

Township Approval

Township Supervisor

Township Supervisor

Office Hours: Monday thru Thursday
9:00 a.m. - 4:00 p.m.
Board of Supervisors meet every 2nd Thursday of month
Planning Commission meets 4th Monday of month

“Upper Bern Township is an Equal Opportunity Provider and Employer”

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