

South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-012

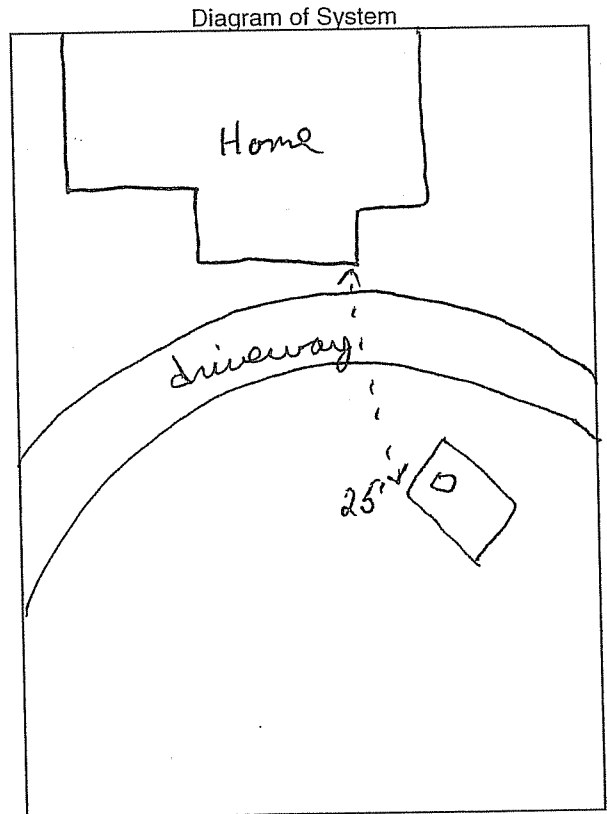
- Date of Pumping 10-28-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
 Mailing Address 222 S. Guadalupe Ave No 4  
Redondo Beach Ca. 90277  
 City State Zip Code
- Address of Tank Location (if different than #4) 22 Fairview St.  
Carlisle PA.  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description concrete tap at surface.

- Date system was installed (if not known, approximate date) 1/1605
- Date of last pump out (if not known, approximate date) 10/16/09
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
 explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



- Amount of septage removed (in gallons) 800
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 none

14. Destination of the septage (name of treatment facility; include address if private property) Peck's Septic Waste Treatment Facility DEP Permit # 101357

Signature of Pumper R. Nichols, Jr. Company Peck's Septic Svc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
22 = 40-22-0119-012  
26 = 40-22-0119-013

- Date of Pumping 10.16.09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
Mailing Address 222 S. Guadalupe Ave No 4  
Redondo Beach Ca 90277  
City Redondo Beach State Ca Zip Code 90277
- Address of Tank Location (if different than #4) 22 & 26 Fairview St.  
Carlsde Pa 17013  
City Carlsde State Pa Zip Code 17013
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

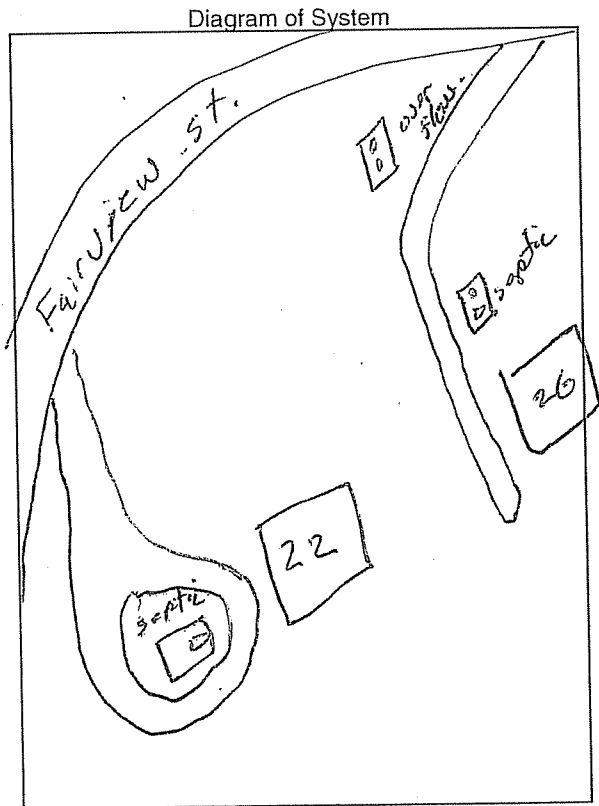
See below.

- Date system was installed (if not known, approximate date) \_\_\_\_\_
- Date of last pump out (if not known, approximate date) 1.26.09
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
 explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank
  - 750 Gallon Tank
  - 1000 Gallon Tank
  - 1250 Gallon Tank
  - 1500 Gallon Tank
  - 1750 Gallon Tank
  - 2000 Gallon Tank
  - 2250 Gallon Tank
  - 2500 Gallon Tank
  - Other \_\_\_\_\_



- Amount of septage removed (in gallons) \_\_\_\_\_
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14) Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597  
Signature of Pumper Tony Stefan Company Peak's Septic Svc

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-012

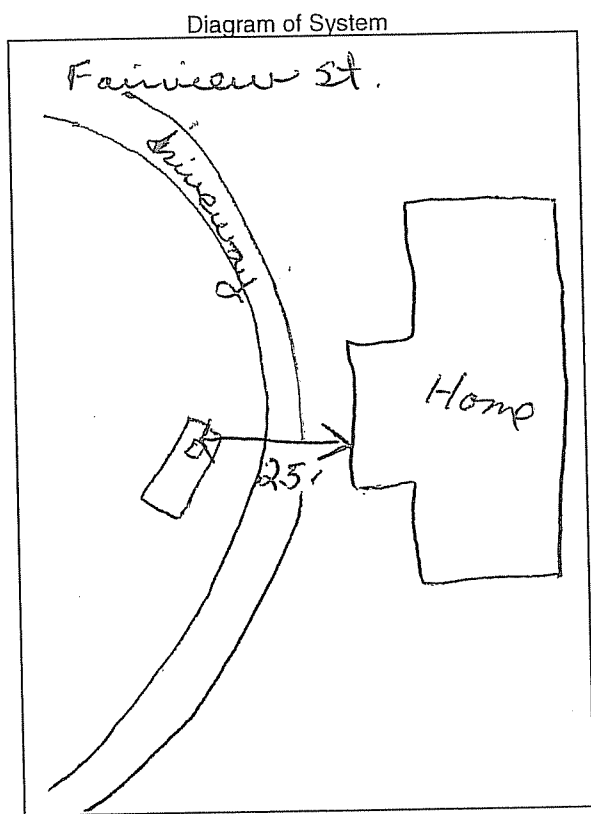
- Date of Pumping 1-26-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
Mailing Address 222 S. Luadaloop Ave No 4  
Bedondo Beach Ca 90277  
City Bedondo State Ca Zip Code 90277
- Address of Tank Location (if different than #4) 22 Fairview St.  
Carlisle PA  
City Carlisle State PA Zip Code \_\_\_\_\_
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Concrete tank (cesspool) at surface

- Date system was installed (if not known, approximate date) 1/18/08
- Date of last pump out (if not known, approximate date) 2/18/08
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 900

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Pecks Treatment Facility DEP Permit # 101597

Signature of Pumper R. Nickbisk Company Pecks Septic Sewer

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-012

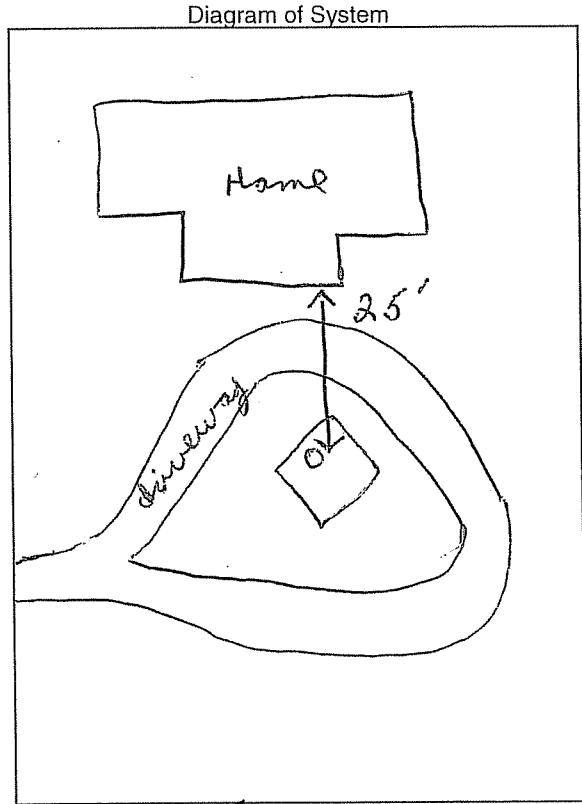
- Date of Pumping 1-18-08
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
 Mailing Address 222 S. Guadalupe ave No 4  
Bedondo Beach Ca. 90277  
 City State Zip Code
- Address of Tank Location (if different than #4) 22 Airview Street  
Carlisle Pa. 17013  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Cinder block tank at surface.

- Date system was installed (if not known, approximate date)      /      /
- Date of last pump out (if not known, approximate date) 8/21/07
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
 explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank     1750 Gallon Tank
  - 750 Gallon Tank     2000 Gallon Tank
  - 1000 Gallon Tank     2250 Gallon Tank
  - 1250 Gallon Tank     2500 Gallon Tank
  - 1500 Gallon Tank     Other \_\_\_\_\_



- Amount of septage removed (in gallons) 500
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Lech's Septic Waste Treatment Facility DEP Permit # 101597  
 Signature of Pumper E. Nichle, Sr. Company Lech's Septic Serv.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
 Septic System Report

Township Use Only  
 40-22-0119-012

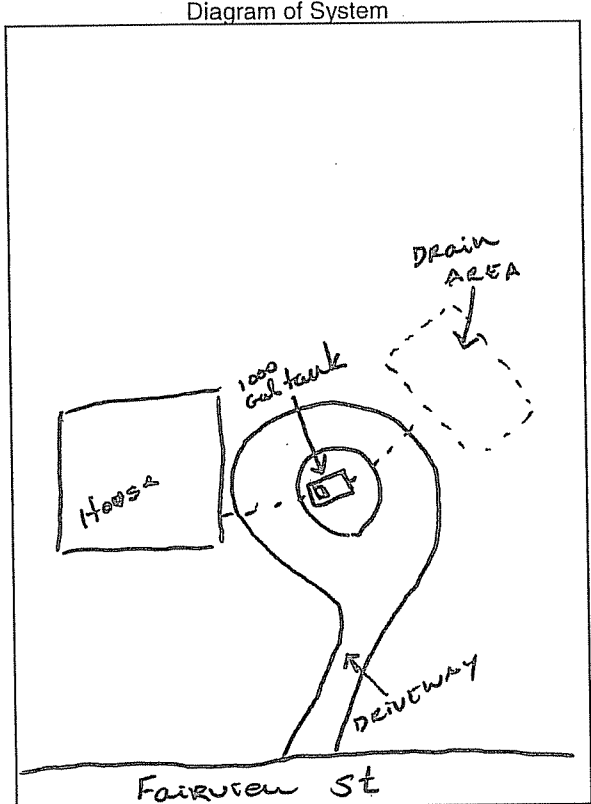
1. Date of Pumping 8-21-07
2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
3. System Type:  Sand Mound  In Ground
4. Property Owner's Name Ed Black Smith  
 Mailing Address 222 Guadalupe Ave No 4  
Redondo Ca 90277  
 City State Zip Code
5. Address of Tank Location (if different than #4) 28 Fairview St  
Carlisle Pa 17013  
 City State Zip Code
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Tank is located off driveway and is to surface

7. Date system was installed (if not known, approximate date) 1/1
8. Date of last pump out (if not known, approximate date) 8/7/03
9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other NONE

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
 explain NONE

11. Size of tank:
- 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 1000

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper R.A. Company Peak's Septic Inc.  
 The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
 I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

South Middleton Township  
Septic System Report

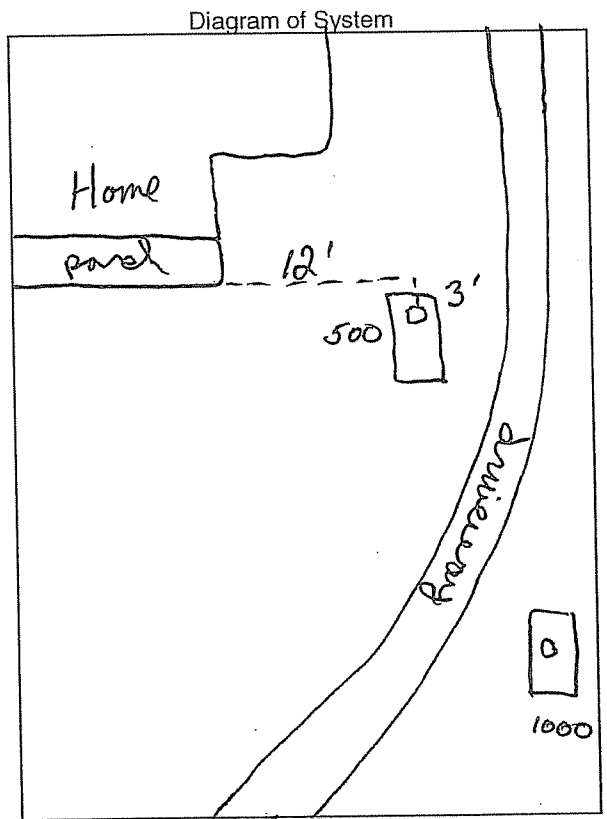
Township Use Only  
40-22-0119-013

- Date of Pumping 10-28-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
Mailing Address 222 S. Magdalo  
Redondo Beach CA 90277  
City State Zip Code
- Address of Tank Location (if different than #4) 26 Fairview St.  
Carlisle PA  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Primary tank 6" deep and overflow tank has 6" pipe to surface.

- Date system was installed (if not known, approximate date) 1/1605
- Date of last pump out (if not known, approximate date) 10/16/09
- List of other maintenance performed.
  - Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



- Amount of septage removed (in gallons) 4,500
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None
- Destination of the septage (name of treatment facility, include address if private property) Peach Treatment Facility  
DEP Permit # 101597

Signature of Pumper R. Tiedje, Jr. Company Peach Septic Svc.  
The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
Septic System Report

Township Use Only  
22 = 40-22-0119-012  
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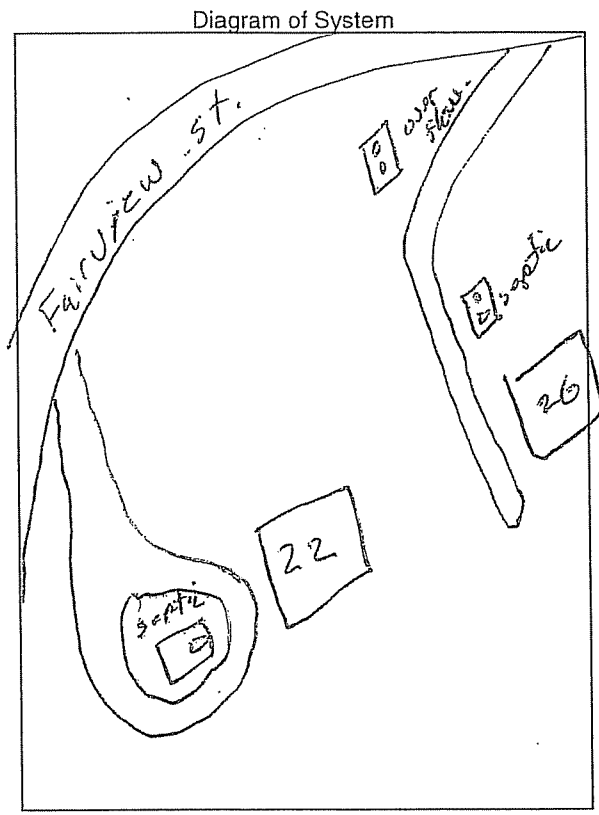
- Date of Pumping 10-16-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
Mailing Address 222 S. Guadalupe Ave. No 4  
Bedford Beach Ca. 90277  
City Bedford Beach State Ca. Zip Code 90277
- Address of Tank Location (if different than #4) 22 & 26 Fairview St.  
Carlisle Pa. 17013  
City Carlisle State Pa. Zip Code 17013
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Below

- Date system was installed (if not known, approximate date) 1/26/09
- Date of last pump out (if not known, approximate date) 1/26/09
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
 explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) \_\_\_\_\_

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14. Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper Tony Stan. Company Peak's Septic Serv.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
Septic System Report

Township Use Only  
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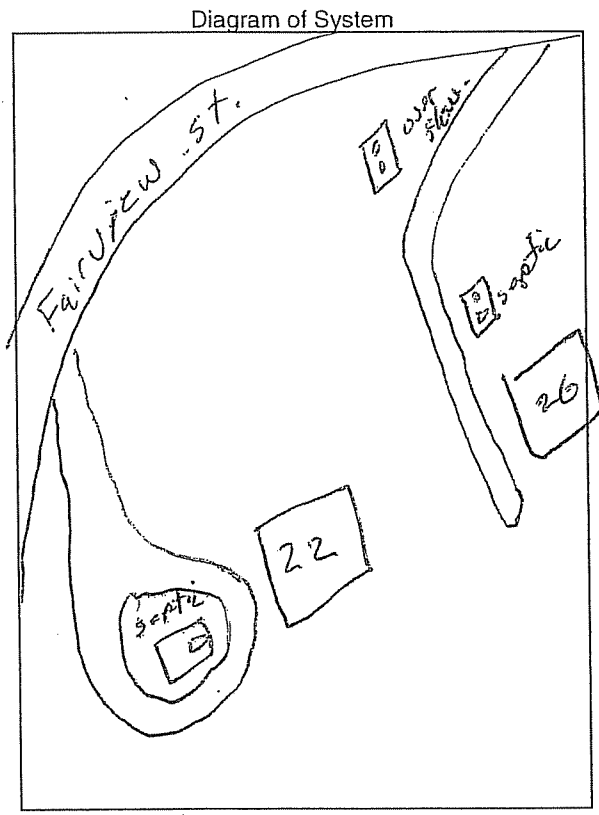
- Date of Pumping 10-16-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
Mailing Address 222 S. Guadalupe Ave. No 4  
Redondo Beach Ca. 90977  
City Redondo Beach State Ca. Zip Code 90977
- Address of Tank Location (if different than #4) 22 & 26 Fairview St.  
Carlsbad Pa. 17013  
City Carlsbad State Pa. Zip Code 17013
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description See below.

- Date system was installed (if not known, approximate date) 1/26/09
- Date of last pump out (if not known, approximate date) 1/26/09
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
 explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



- Amount of septage removed (in gallons) \_\_\_\_\_
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14. Destination of the septage (name of treatment facility, include address if private property) Peck's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper Tony Stan. Company Peck's Septic Svc

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-013

1. Date of Pumping 1-26-09  
 2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well  
 3. System Type:  Sand Mound  In Ground  
 4. Property Owner's Name Ed Blacksmith

Mailing Address 333 S. Suddslope Ave #B4  
Redondo Beach Ca. 90477  
City State Zip Code

5. Address of Tank Location 26 Fairview St.  
 (if different than #4) Carlisle PA.  
City State Zip Code

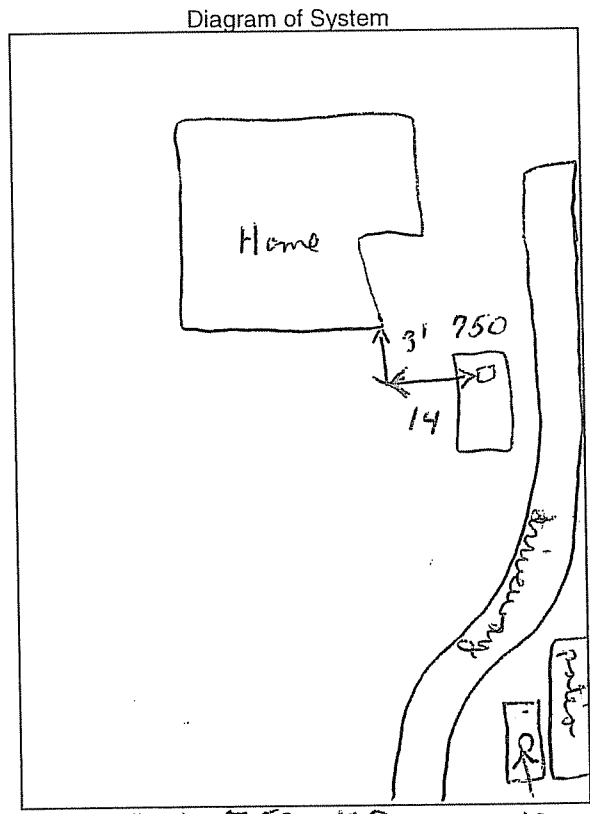
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description 2 concrete tanks, septic tank is 6" deep and holding tank is accessible at surface, by a 6" pipe.

7. Date system was installed (if not known, approximate date)     /    /      
 8. Date of last pump out (if not known, approximate date) 2/18/08

9. List of other maintenance performed.  
 Baffle Replacement  
 Extensions (riser rings)  
 Inspection Ports  
 Snaked the Line  
 Other

10. Check any of the following conditions observed.  
 High Water Level in Tank  
 Wet Areas Near System or Site  
 Noticeable Odors  
 Sewer Backup into House  
 Abundant Grass Growth Near System or Site  
 Backflush of Water from Absorption Area to Tank  
 Any other indication of system malfunction  
 explain

11. Size of tank:  
 500 Gallon Tank  1750 Gallon Tank  
 750 Gallon Tank  2000 Gallon Tank  
 1000 Gallon Tank  2250 Gallon Tank  
 1250 Gallon Tank  2500 Gallon Tank  
 1500 Gallon Tank  Other



12. Amount of septage removed (in gallons) 750, 100 1000 gal

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Peach Treatment Facility DEP Permit # 101597

Signature of Pumper R. Nichols, Sr. Company Peach Septic Serv.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-013

1. Date of Pumping 2-20-08  
 2. Treatment:  Septic Tank \_\_\_\_\_ Aerobic Tank \_\_\_\_\_ Cesspool \_\_\_\_\_ Dry Well  
 3. System Type: \_\_\_\_\_ Sand Mound  In Ground  
 4. Property Owner's Name ES Blacksmith  
 Mailing Address \_\_\_\_\_

5. Address of Tank Location \_\_\_\_\_ City 26 Fairview State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (if different than #4) Carlisle Pa. 17013  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

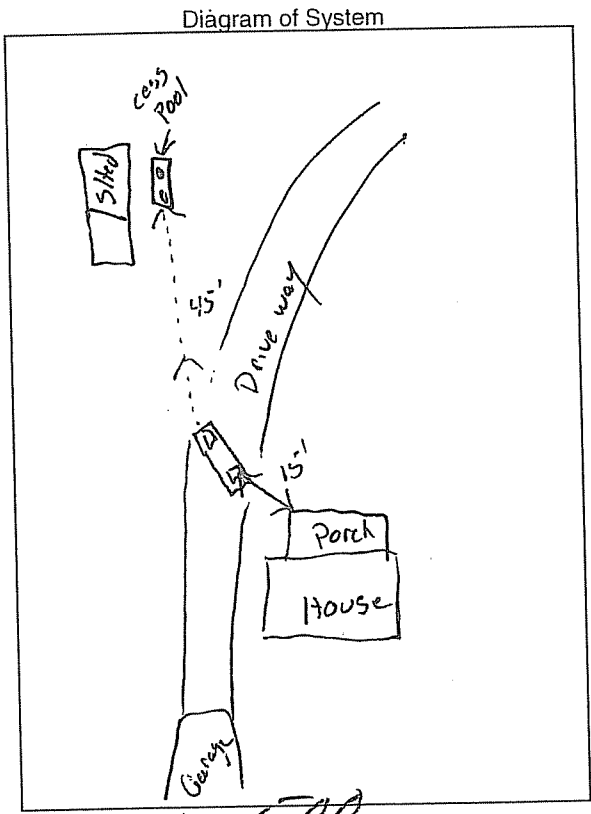
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description TANK under Drive way / 10" Deep  
15' out From Porch corner

7. Date system was installed (if not known, approximate date) \_\_\_\_\_  
 8. Date of last pump out (if not known, approximate date) 8/21/07  
 9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
- explain \_\_\_\_\_

11. Size of tank:
- 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 500

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper Bary Murphy Company Peak's Septic, Inc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township  
**Septic System Report**

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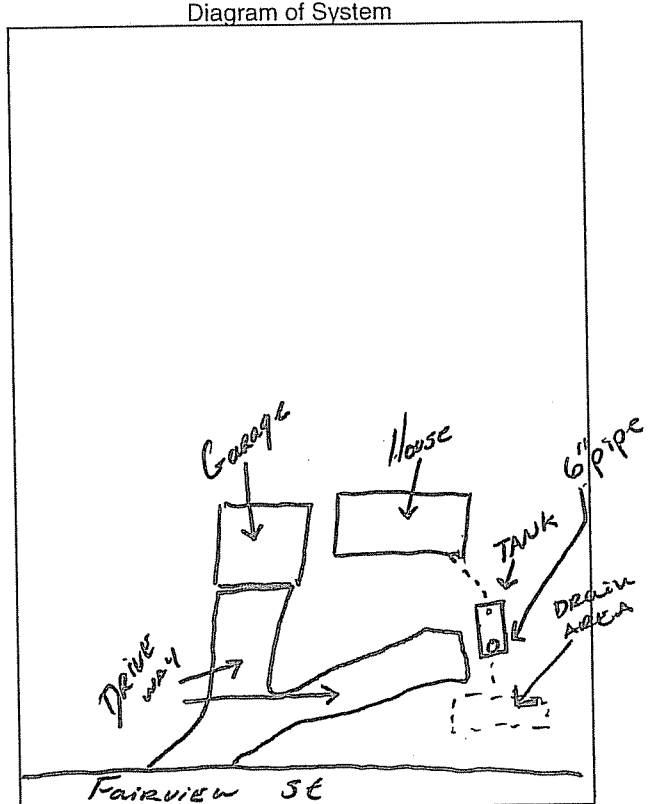
- Date of Pumping 8-21-07
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Ed Blacksmith  
 Mailing Address 222 S Guadalupe Ave No 4  
Redondo Ca 90277  
 City State Zip Code
- Address of Tank Location (if different than #4) 26 Fairview St  
Charlestown Pa 17013  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Tank is located at 6" white pipe off driveway

- Date system was installed (if not known, approximate date) \_\_\_/\_\_\_/\_\_\_
- Date of last pump out (if not known, approximate date) \_\_\_/\_\_\_/\_\_\_
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other NONE

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain NONE

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 500

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property) Park's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper Rhs Company Park's Septic Svc.  
 The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
 I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-013

- 1. Date of Pumping 6-3-03
- 2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- 3. System Type:  Sand Mound  In Ground
- 4. Property Owner's Name Ed Herman (new - Rosetta M. Burnette)  
Address 26 Fairview St.  
Carlisle State Pa Zip Code 17013
- 5. Address of Tank Location (if different than #4) same  
City Carlisle State Pa Zip Code 17013
- 6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

- 7. Date system was installed (if not known, approximate date) 1/1
- 8. Date of last pump out (if not known, approximate date) 7/2/03 Home has been vacant since approx. Jun '03, as per phone conversation w/ Mr. Burnette on
- 9. List of other maintenance performed. Diagram of System \_\_\_\_\_

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- 10. Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

- 11. Amount of septage or other solid or semi-solid material Removed.
 

<input checked="" type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input checked="" type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input type="checkbox"/> Other _____

7/18/05

8/2/06 - phone conversation w/ new owner Edmund Blacksmith - prop. is still vacant.

12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property) Park's Septic into treatment facility DEP Permit # 101597

Signature of Pumper Anthony Vance Company Park's Septic Inc.

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to: South Middleton Township, 520 Park Drive, Bolling Springs, PA 17007

South Middleton Township  
**Septic System Report**

Township Use Only 2  
22-119-013

1. Date of Pumping 11-2-99  
 2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well  
 3. System Type:  Sand Mound  In Ground  
 4. Property Owner's Name THE GERMAN 249-1181  
 Address 26 FAIRVIEW ST.  
CARLISLE PA  
 City State Zip Code

5. Address of Tank Location \_\_\_\_\_  
 (if different than #4) \_\_\_\_\_  
 City State Zip Code

6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description 2 CONCRETE TANKS  
1 JUST UNDER HOUSE  
WITH RISER RINGS FOR PUMPING

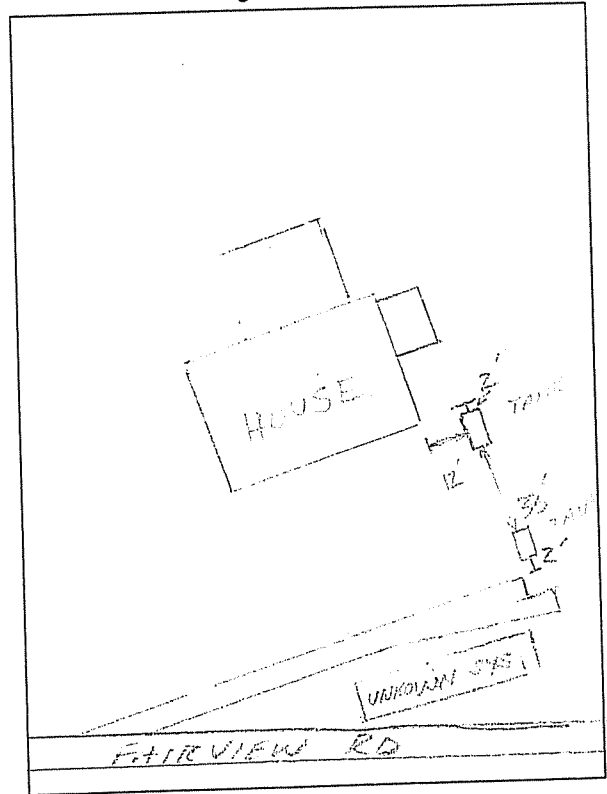
7. Date system was installed (if not known, approximate date) 1/1?  
 8. Date of last pump out (if not known, approximate date) 1/1?

9. List of other maintenance performed.
- Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other \_\_\_\_\_

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

11. Amount of septage or other solid or semi-solid material Removed.
- |                                                      |                                           |
|------------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> 500 Gallon Tank  | <input type="checkbox"/> 1750 Gallon Tank |
| <input type="checkbox"/> 750 Gallon Tank             | <input type="checkbox"/> 2000 Gallon Tank |
| <input checked="" type="checkbox"/> 1000 Gallon Tank | <input type="checkbox"/> 2250 Gallon Tank |
| <input type="checkbox"/> 1250 Gallon Tank            | <input type="checkbox"/> 2500 Gallon Tank |
| <input type="checkbox"/> 1500 Gallon Tank            | <input type="checkbox"/> Other _____      |

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property) PECKS TREATMENT PLANT DEP Permit # 101597

Signature of Pumper Richard Blaine Company PECKS SEPTIC

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
 Septic System Report

Township Use Only  
 40-22-0119-014

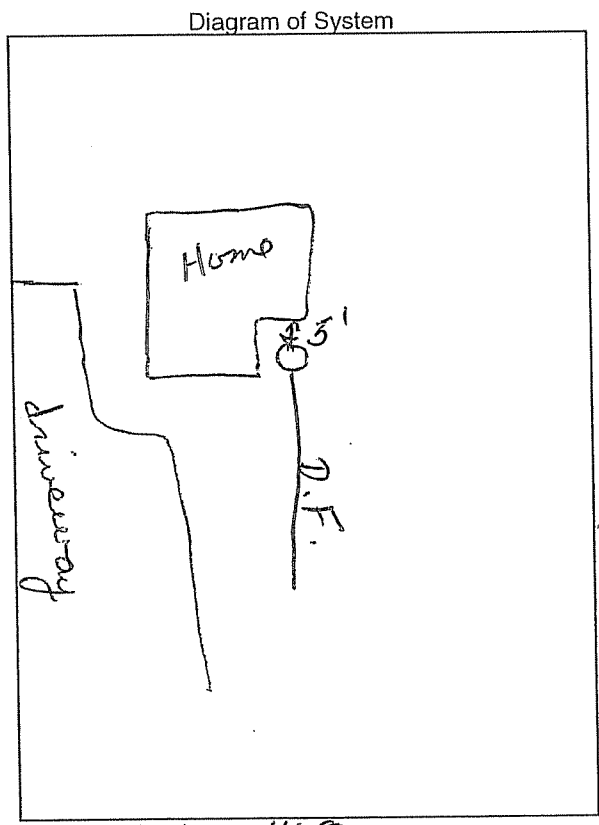
- 11  
 1. Date of Pumping 8-8-10
2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
3. System Type:  Sand Mound  In Ground
4. Property Owner's Name Don Smith  
 Mailing Address 28 Fairview Rd Street  
Carlisle Pa. 17013  
 City State Zip Code
5. Address of Tank Location (if different than #4) Same  
 City State Zip Code
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Concrete tank 2" deep.

7. Date system was installed (if not known, approximate date) 1/160's
8. Date of last pump out (if not known, approximate date) 6/15/09
9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

11. Size of tank:
- 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 400



12. Amount of septage removed (in gallons) 400

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility) include address if private property) Peck's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper R. Nichols, Jr. Company Peck's Septic Svc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-014

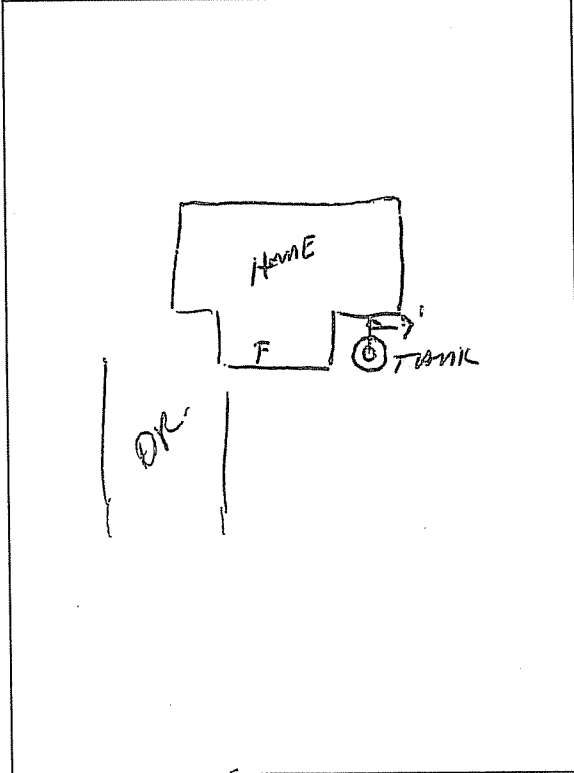
- Date of Pumping 6-15-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Don Smith  
 Mailing Address 28 Fairview St.  
Carlisle Pa. 17015  
 City State Zip Code
- Address of Tank Location Same  
 (if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description in front of Home

JUN 26 2009

- Date system was installed (if not known, approximate date) 1/1/
- Date of last pump out (if not known, approximate date) 10/21/05
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

Diagram of System



- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_

12. Amount of septage removed (in gallons) 400

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14. Destination of the septage (name of treatment facility, include address if private property) Peek's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper [Signature] Company Peek's

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-014

- Date of Pumping 10-21-05
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Don Smith  
Mailing Address 28 Fairview St.  
Carlisle Pa. 17013  
City State Zip Code
- Address of Tank Location (if different than #4) Same  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

- Date system was installed (if not known, approximate date) \_\_\_\_\_
- Date of last pump out (if not known, approximate date) 3.8.04
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

10. Check any of the following conditions observed.

- High Water Level in Tank
- Wet Areas Near System or Site
- Noticeable Odors
- Sewer Backup into House
- Abundant Grass Growth Near System or Site
- Backflush of Water from Absorption Area to Tank
- Any other indication of system malfunction explain \_\_\_\_\_

11. Size of tank:

- 500 Gallon Tank  1750 Gallon Tank
- 750 Gallon Tank  2000 Gallon Tank
- 1000 Gallon Tank  2250 Gallon Tank
- 1250 Gallon Tank  2500 Gallon Tank
- 1500 Gallon Tank  Other \_\_\_\_\_

12. Amount of septage removed (in gallons) \_\_\_\_\_

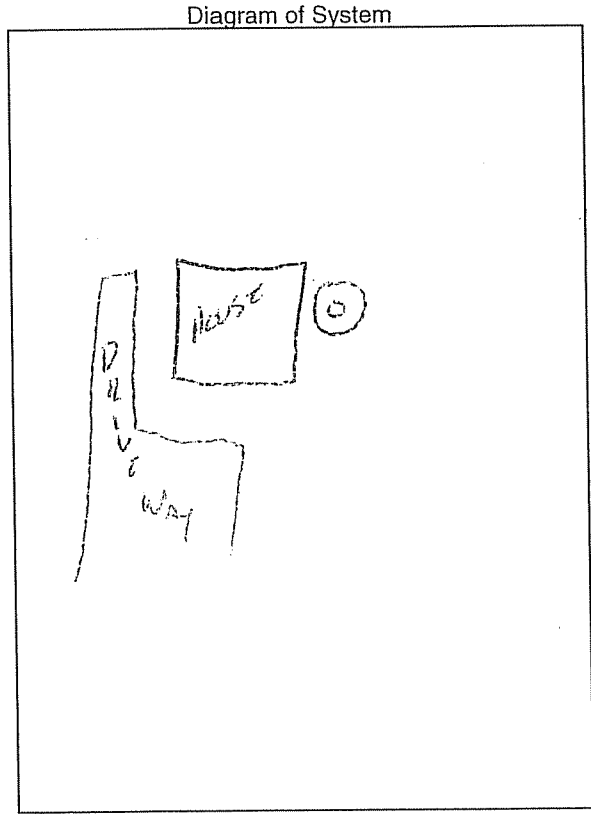
13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

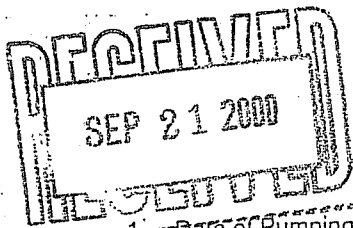
14. Destination of the septage (name of treatment facility, include address if private property) \_\_\_\_\_ DEP Permit # 10597

Signature of Pumper [Signature] Company Beck's Septic Serv.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to: South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007





South Middleton Township  
Septic System Report

Township Use Only  
\_\_\_\_\_  
\_\_\_\_\_

1. Date of Pumping 3-6-00  
2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well

3. System Type:  Sand Mound  In Ground 22-119-14

4. Property Owner's Name Don Smith  
Address 28 Fairview Street  
Carlisle Pa. 17013  
City State Zip Code

5. Address of Tank Location \_\_\_\_\_  
(if different than #4) \_\_\_\_\_  
City State Zip Code

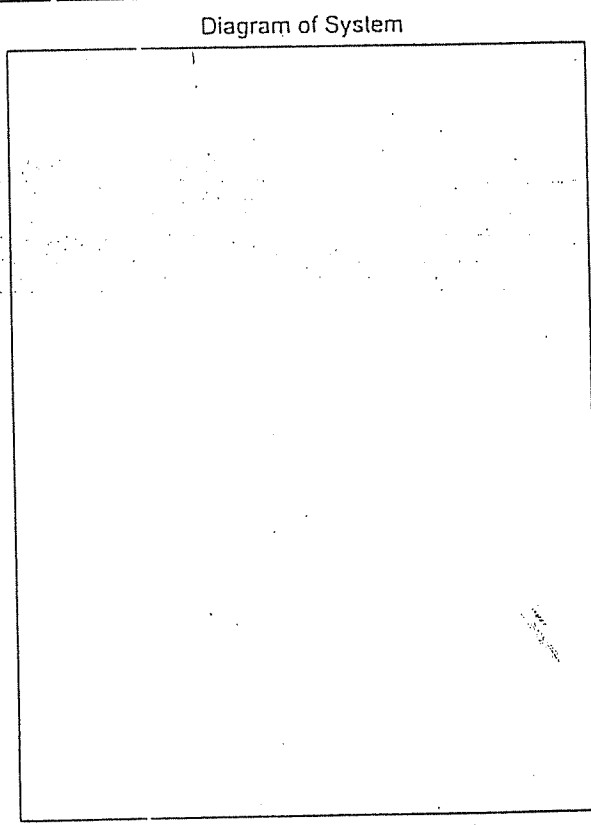
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

7. Date system was installed (if not known, approximate date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
8. Date of last pump out (if not known, approximate date) \_\_\_\_/\_\_\_\_/\_\_\_\_

9. List of other maintenance performed.  
( ) Baffle Replacement  
( ) Extensions (riser rings)  
( ) Inspection Ports  
( ) Snaked the Line  
( ) Other \_\_\_\_\_

10. Check any of the following conditions observed.  
( ) High Water Level in Tank  
( ) Wet Areas Near System or Site  
( ) Noticeable Odors  
( ) Sewer Backup into House  
( ) Abundant Grass Growth Near System or Site  
( ) Backflush of Water from Absorption Area to Tank  
( ) Other \_\_\_\_\_

11. Amount of septage or other solid or semi-solid material Removed.  
() 500 Gallon Tank ( ) 1750 Gallon Tank  
( ) 750 Gallon Tank ( ) 2000 Gallon Tank  
( ) 1000 Gallon Tank ( ) 2250 Gallon Tank  
( ) 1250 Gallon Tank ( ) 2500 Gallon Tank  
( ) 1500 Gallon Tank ( ) Other \_\_\_\_\_



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property)  
Rock's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper \_\_\_\_\_ Company Rock Septic Inc.

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-014

- Date of Pumping 3-18-04
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name DON SMITH  
Address 28 FAIRVIEW  
CARLISLE, PA  
City State Zip Code
- Address of Tank Location S/A  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description CONCRETE TANK  
BELOW SURFACE 6"

- Date system was installed (if not known, approximate date) 1/1/40's
- Date of last pump out (if not known, approximate date) 1/1/
- List of other maintenance performed.

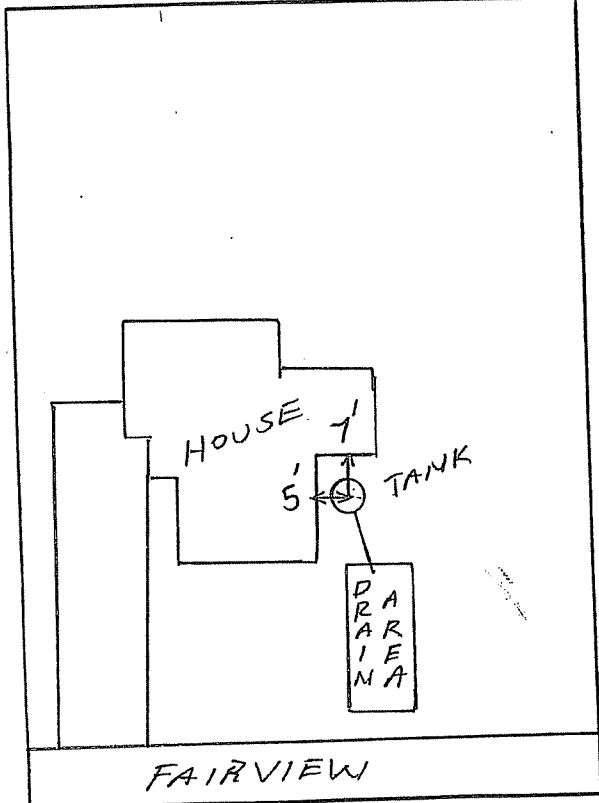
- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

- Amount of septage or other solid or semi-solid material Removed.
 

<input type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input checked="" type="checkbox"/> Other <u>300</u>

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property)  
PECKS TREATMENT PLANT DEP Permit # 101597

Signature of Pumper [Signature] Company PECKS SEPTIC

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

South Middleton Township  
**Septic System Report**

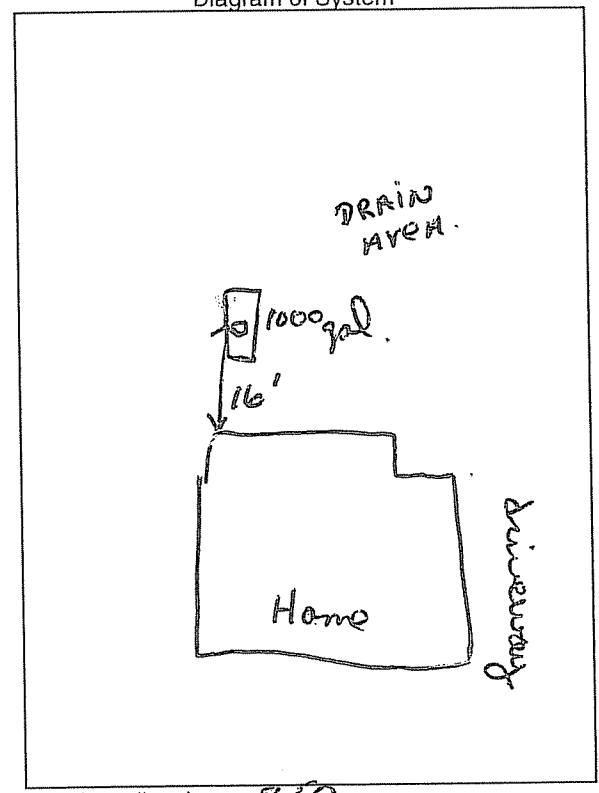
Township Use Only  
40-22-0119-016

- Date of Pumping 7-24-08
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Bruce Jones  
 Mailing Address 38 Peppercorn Street  
Carlisle Pa. 17013  
 City State Zip Code
- Address of Tank Location Same  
 (if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Concrete tank 12" deep

- Date system was installed (if not known, approximate date) \_\_\_/\_\_\_/\_\_\_
- Date of last pump out (if not known, approximate date) \_\_\_/\_\_\_/\_\_\_
- List of other maintenance performed.

- Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other \_\_\_\_\_
- Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

Diagram of System



- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_
- Amount of septage removed (in gallons) 830

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Pecks Treatment Facility DEP Permit # 101597

Signature of Pumper R. Nicklo, SP Company Pecks Septic Svc

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only

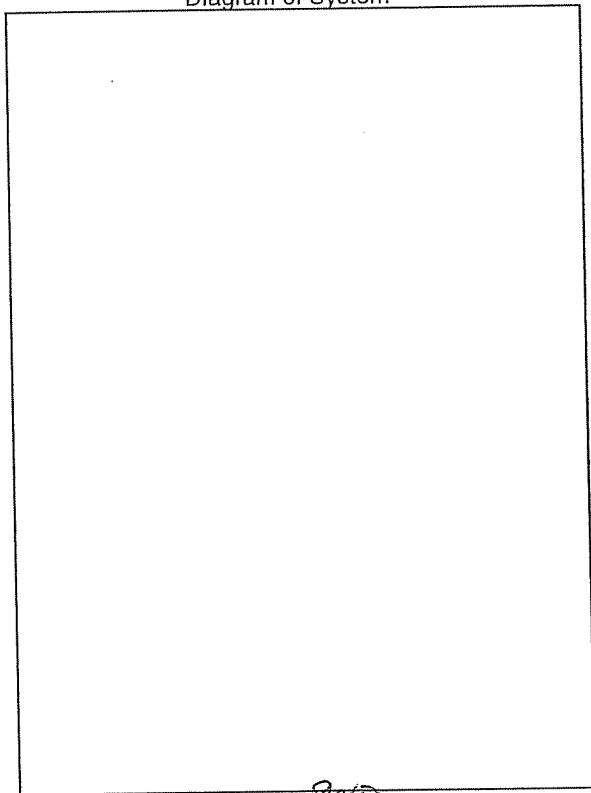
40-22-0119-0116

1. Date of Pumping 9-8-05
2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
3. System Type:  Sand Mound  In Ground
4. Property Owner's Name \_\_\_\_\_  
Mailing Address 32 Fairview Street  
Carlisle Pa. 17013  
City State Zip Code
5. Address of Tank Location \_\_\_\_\_  
(if different than #4) Same  
City State Zip Code
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

7. Date system was installed (if not known; approximate date) \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Date of last pump out (if not known, approximate date) \_\_\_\_/\_\_\_\_/\_\_\_\_
9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

Diagram of System



10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
- explain \_\_\_\_\_

11. Size of tank:
- 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_

12. Amount of septage removed (in gallons) 850

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property) \_\_\_\_\_  
Peak's Septic Waste Treatment Facility DEP Permit # 102597

Signature of Pumper Rodger Nickle Company Peak's Septic Serv.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
 Septic System Report

DEC 5/21/02

Township Use Only

40-22-0119-0165

- Date of Pumping 4-1-02
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name ANNA BEAM  
 Address 32 FAIRVIEW  
CARLISLE PA  
 City State Zip Code
- Address of Tank Location (if different than #4) \_\_\_\_\_  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description CONCRETE TANK  
BELOW SURFACE 10"

- Date system was installed (if not known, approximate date) 1 171
- Date of last pump out (if not known, approximate date) 1 1
- List of other maintenance performed.

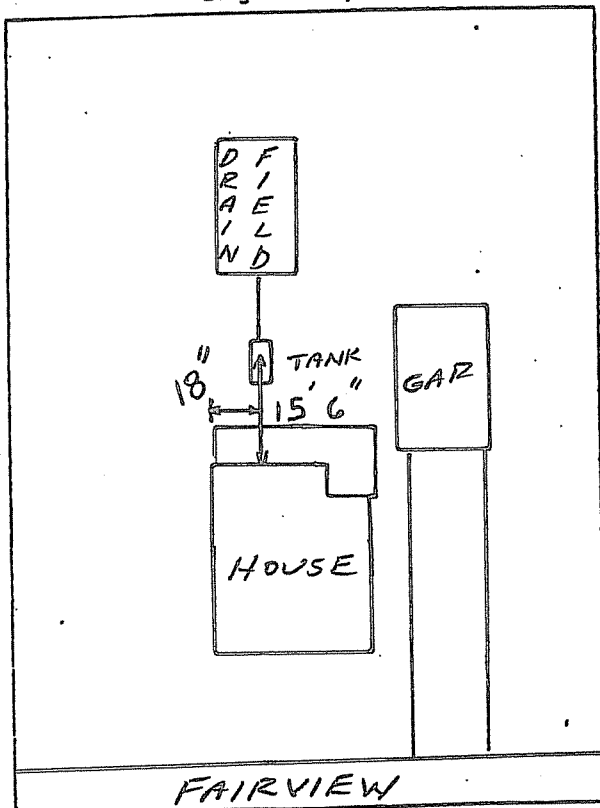
- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

- Amount of septage or other solid or semi-solid material Removed.
 

<input type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input checked="" type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input type="checkbox"/> Other _____

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property)  
ASPERS RD DEP Permit # 093513

Signature of Pumper [Signature] Company DEW & SONS

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Selling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
44-22-0119-017

- Date of Pumping 3.19.10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Gerald Miller  
Mailing Address 34 Fairview Street  
Carlisle Pa 17015  
City State Zip Code
- Address of Tank Location \_\_\_\_\_  
(if different than #4) \_\_\_\_\_  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

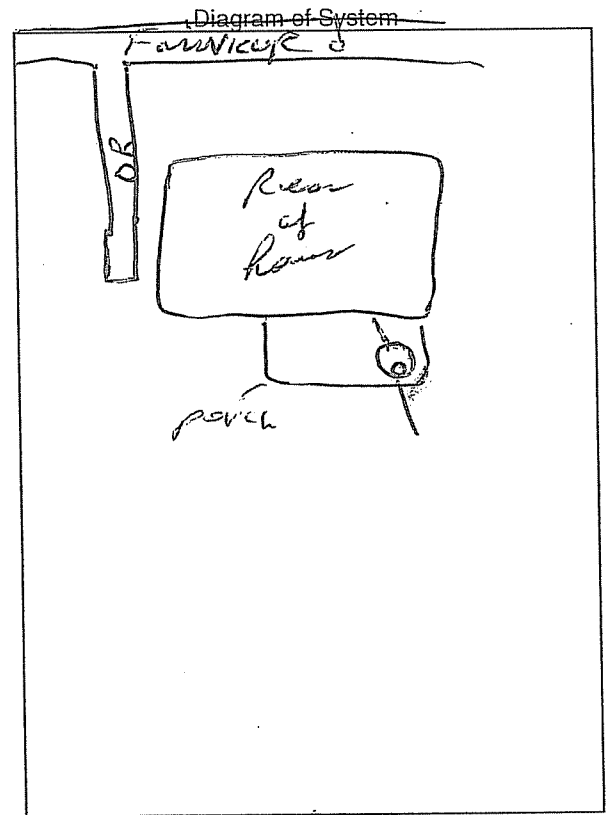
APR 02 2010

- Date system was installed (if not known, approximate date) 1/1303
- Date of last pump out (if not known, approximate date) 8/23/07
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 500

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14. Destination of the septage (name of treatment facility, include address if private property) Young's DEP Permit # PA 6 093501

Signature of Pumper [Signature] Company Young's Septic  
The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

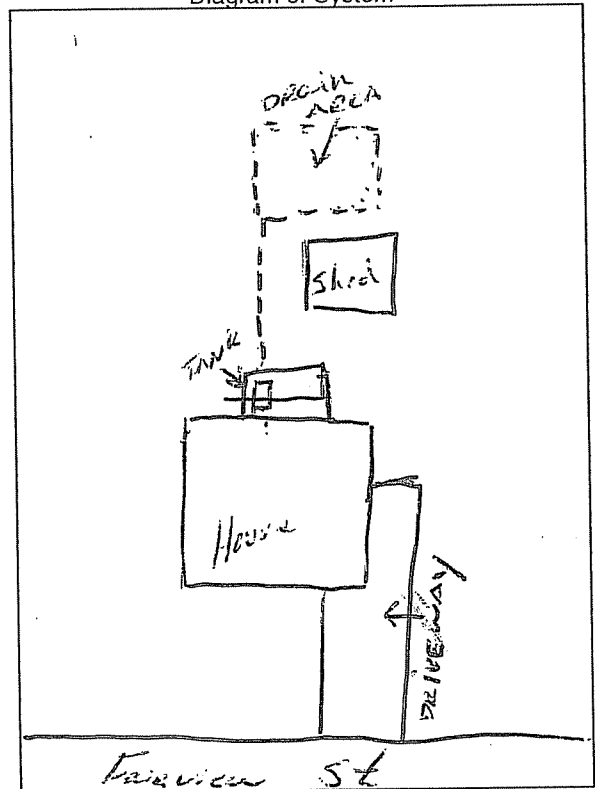
A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-017

- Date of Pumping 8-22-07
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Helma Miller  
 Mailing Address 34 Currier St.  
Carlisle Pa. 17013  
 City State Zip Code
- Address of Tank Location (if different than #4) Same  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Tank is located under rear porch of house and is about 2 1/2' deep
- Date system was installed (if not known, approximate date) 11/12/04
- Date of last pump out (if not known, approximate date) 11/12/04
- List of other maintenance performed.
  - Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other NONE

Diagram of System



- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
 explain NONE
- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_

12. Amount of septage removed (in gallons) 1025

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property)  
Peak's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper [Signature] Company Peak's Septic Inc

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-017

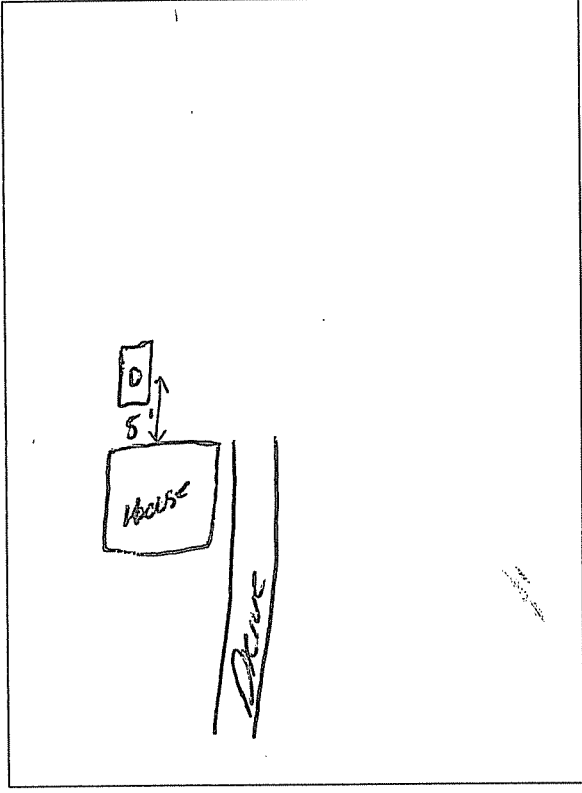
1. Date of Pumping 11-12-04
2. Treatment:  Septic Tank \_\_\_\_\_ Aerobic Tank \_\_\_\_\_ Cesspool \_\_\_\_\_ Dry Well
3. System Type: \_\_\_\_\_ Sand Mound  In Ground
4. Property Owner's Name Velma Miller  
Address 34 Fairview St.  
Carlisle Pa. 17013  
City State Zip Code
5. Address of Tank Location \_\_\_\_\_  
(if different than #4) same  
City State Zip Code
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

7. Date system was installed (if not known, approximate date) 1/1
8. Date of last pump out (if not known, approximate date) 5/29/01
9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_
11. Amount of septage or other solid or semi-solid material Removed.
- |                                                     |                                           |
|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 500 Gallon Tank            | <input type="checkbox"/> 1750 Gallon Tank |
| <input checked="" type="checkbox"/> 750 Gallon Tank | <input type="checkbox"/> 2000 Gallon Tank |
| <input type="checkbox"/> 1000 Gallon Tank           | <input type="checkbox"/> 2250 Gallon Tank |
| <input type="checkbox"/> 1250 Gallon Tank           | <input type="checkbox"/> 2500 Gallon Tank |
| <input type="checkbox"/> 1500 Gallon Tank           | <input type="checkbox"/> Other _____      |

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper [Signature] Company Peak's Septic Serv

**NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.**

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to: South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
22-119-17

- Date of Pumping 5-29-01
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name GERALD & THELMA MILLER  
Address 34 FAIRVIEW  
CARLISLE PA  
City State Zip Code
- Address of Tank Location S/A  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description CONCRETE TANK  
BELOW SURFACE 16" UNDER PORCH AREA.

- Date system was installed (if not known, approximate date) 1-1-
- Date of last pump out (if not known, approximate date) 1-1-
- List of other maintenance performed.

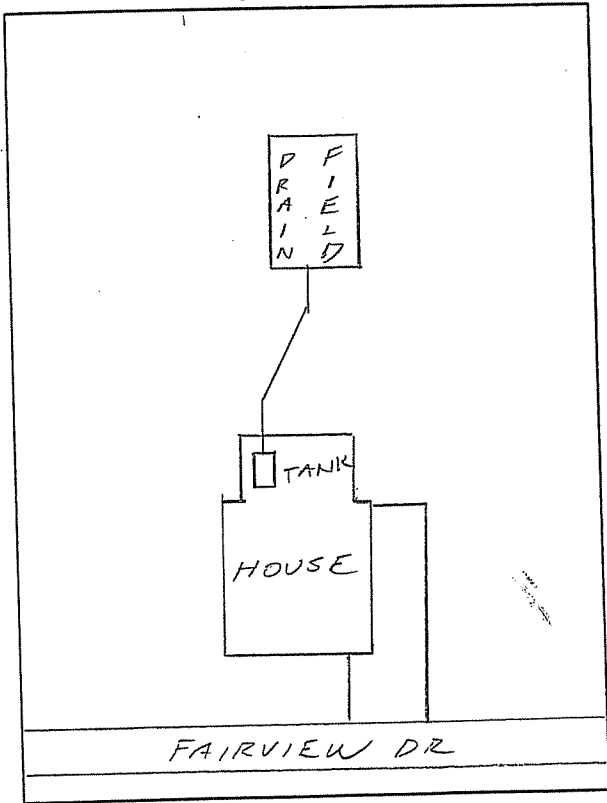
- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

- Amount of septage or other solid or semi-solid material Removed.
 

<input checked="" type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input type="checkbox"/> Other _____

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property)  
PECKS TREATMENT PLANT DEP Permit # 101597

Signature of Pumper \_\_\_\_\_ Company PECKS SEPTIC

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
4-22-0119-018

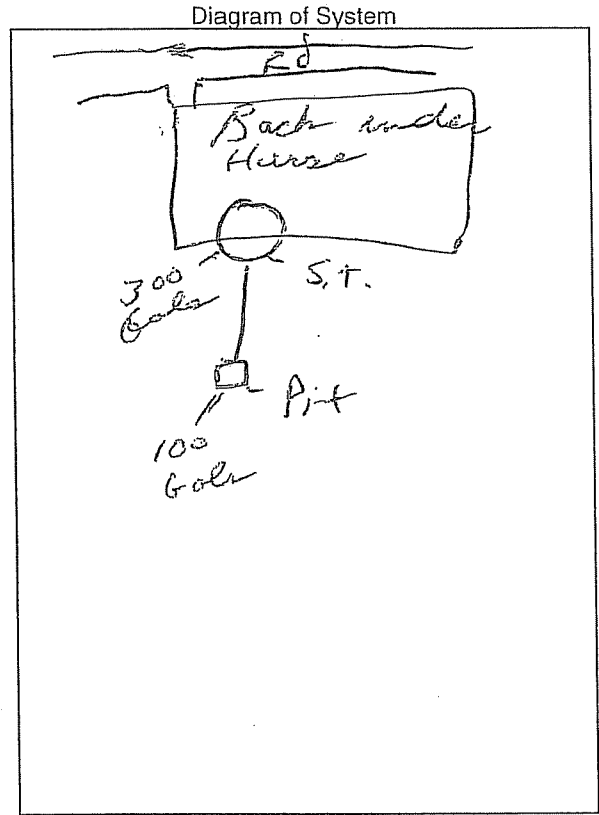
APR 02 2010

- Date of Pumping 3-19-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Joel Malak  
Mailing Address 36 Fairview Street  
Carlisle Pa 17015  
City State Zip Code
- Address of Tank Location (if different than #4)  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

- Date system was installed (if not known, approximate date)      /      / 30s
- Date of last pump out (if not known, approximate date)      /      / 2
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
explain pit surfacing



- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 400
- Amount of septage removed (in gallons) 400
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14. Destination of the septage (name of treatment facility, include address if private property) Youngs  
DEP Permit # PA110913501

Signature of Pumper [Signature] Company Young's Septic  
The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

\* HOUSE CURRENTLY VACANT, LAWN ALL  
GROWN UP INTO WEEDS. LOOK LIKE A  
LOAN ~~PROPERTY~~ PROPERTY. V.E.  
DEFAULT

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-018

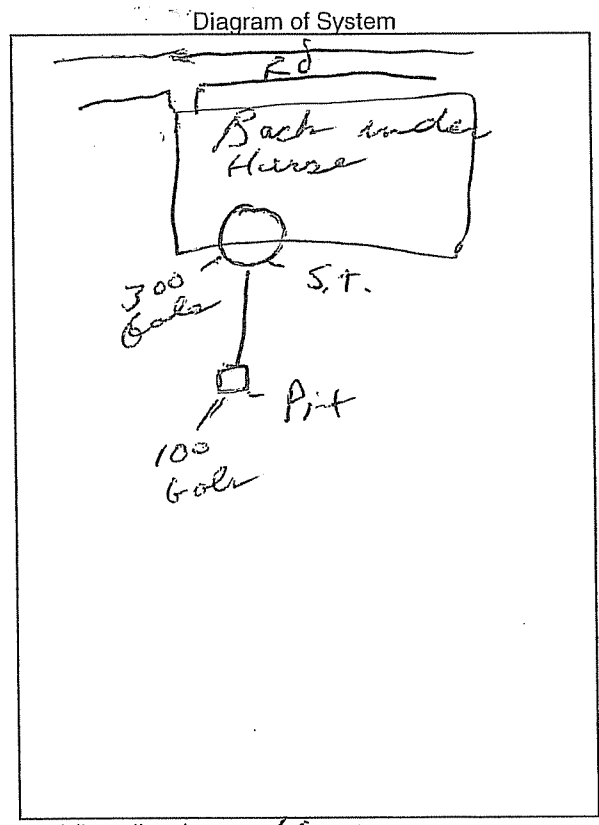
APR 02 2010

- Date of Pumping 3-19-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Joel Malak  
Mailing Address 36 Fairview Street  
Carlisle Pa 17015  
City State Zip Code
- Address of Tank Location (if different than #4)  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_

- Date system was installed (if not known, approximate date)      /      / 30 s
- Date of last pump out (if not known, approximate date)      /      / 3
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
explain pit surfacing



- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - Other 400
12. Amount of septage removed (in gallons) 400

- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_
- Destination of the septage (name of treatment facility, include address if private property)  
Youngs DEP Permit # PA10093501

Signature of Pumper [Signature] Company Young's Septic  
The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
**Septic System Report**

Township Use Only  
40-22-0119-019

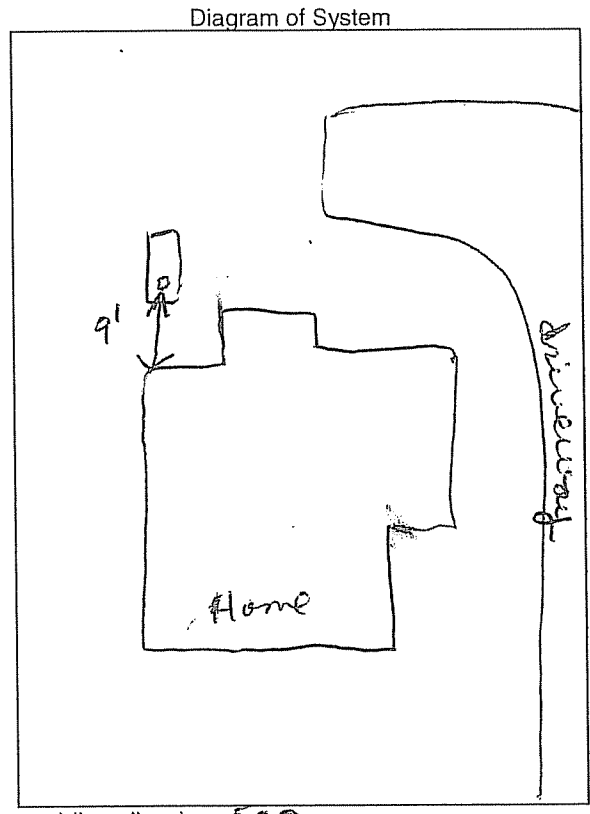
- Date of Pumping 3-2-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Bretchen Beck  
 Mailing Address 38 Fairview St.  
Carlisle Pa. 17013  
 City State Zip Code
- Address of Tank Location (if different than #4) Same  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Cinder block tank 6" deep at rear of home

- Date system was installed (if not known, approximate date) 1-150<sup>s</sup>-66<sup>s</sup>
- Date of last pump out (if not known, approximate date) 4/19/05
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



- Amount of septage removed (in gallons) 500
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Beck's Septic Waste Treatment Facility DEP Permit # 101597  
 Signature of Pumper R. Nicklo, Sr. Company Beck's Septic Svc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
**Septic System Report**

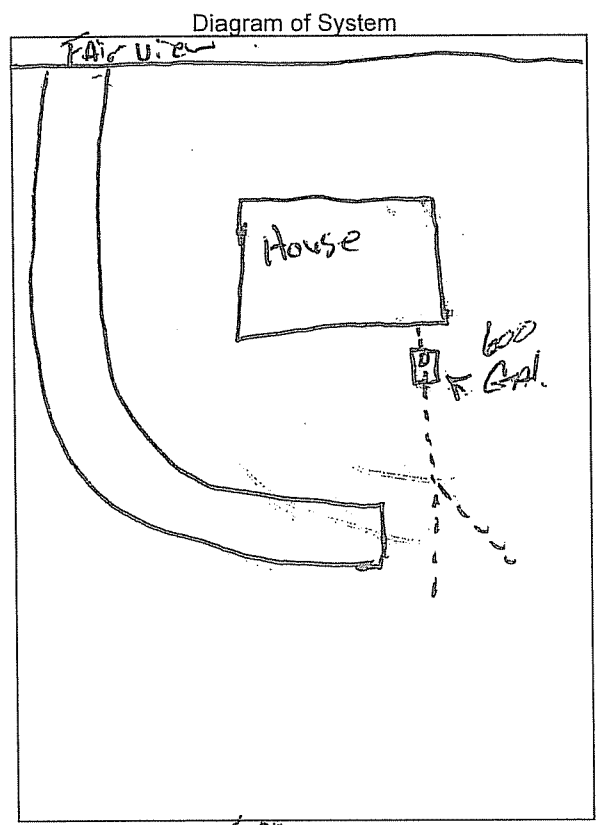
Township Use Only  
40-22-0119-019

- Date of Pumping 4-19-05
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Lewis Klinedinst  
 Mailing Address # 38 Fairview St.  
Carlisle Pa. 17013  
 City State Zip Code
- Address of Tank Location (if different than #4) Same  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access
- atches and size of the tank. Description 600 Gal. tank is located in BACKYARD  
(See Diagram) TANK is 8" Deep.

- Date system was installed (if not known, approximate date) - 1 - 60.
- Date of last pump out (if not known, approximate date) - 1 - 101.
- List of other maintenance performed.
  - Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other None

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
 explain None

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 600



- Amount of septage removed (in gallons) 600
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 RBS Shipways Bura. Rt
- Destination of the septage (name of treatment facility, include address if private property) \_\_\_\_\_  
 DEP Permit # 093513

Signature of Pumper Daniel Scott Company DE W & SONS

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only

22-119-019

- Date of Pumping 4-23-01
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name LEWIS KLINDINGST

Address 38 FAIRVIEW

CARLISLE PA

City State Zip Code

- Address of Tank Location 31A  
(if different than #4)

City State Zip Code

no m

- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description BLOCK CONSTRUCTION TANK BELOW SURFACE 6'-8"

- Date system was installed (if not known, approximate date) 1-1-

- Date of last pump out (if not known, approximate date) 1-1-98

- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

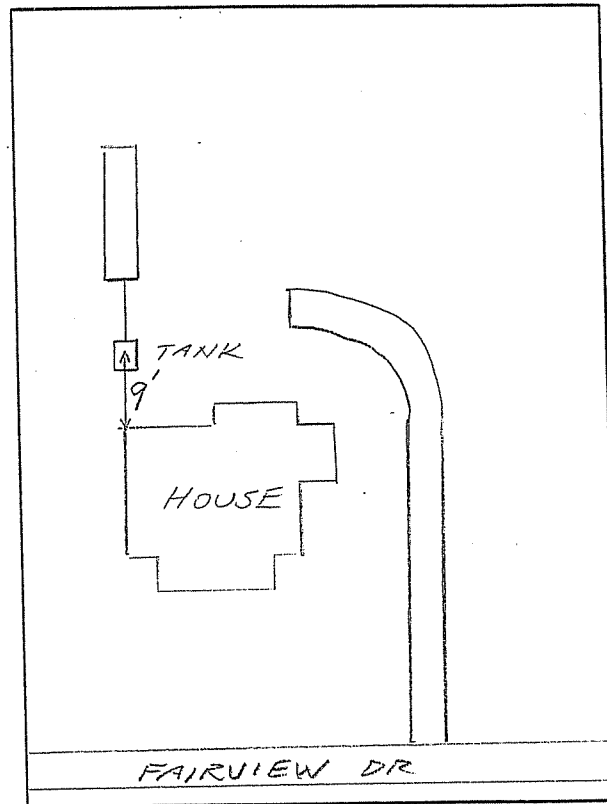
- Check any of the following conditions observed.

- High Water Level in Tank
- Wet Areas Near System or Site
- Noticeable Odors
- Sewer Backup into House
- Abundant Grass Growth Near System or Site
- Backflush of Water from Absorption Area to Tank
- Other \_\_\_\_\_

- Amount of septage or other solid or semi-solid material Removed.

- 500 Gallon Tank  1750 Gallon Tank
- 750 Gallon Tank  2000 Gallon Tank
- 1000 Gallon Tank  2250 Gallon Tank
- 1250 Gallon Tank  2500 Gallon Tank
- 1500 Gallon Tank  Other \_\_\_\_\_

Diagram of System



- Recommendations \_\_\_\_\_

- Destination of the septage (name of treatment facility, include address if private property) CSA DEP Permit # 24334

Signature of Pumper Charles Klotz Company LLOYDS SEPTIC

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to: South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

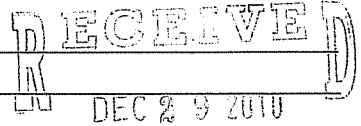
South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-020

1. Date of Pumping 11-22-10  
 2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well

3. System Type:  Sand Mound  In Ground

4. Property Owner's Name Jennifer Roadcap  
 Mailing Address 46 Fairview Street  
Canisteota PA 17015  
 City State Zip Code



5. Address of Tank Location (if different than #4)  
 City State Zip Code

6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access

7. hatches and size of the tank. Description 2000-2c + cesspool

8. Date system was installed (if not known, approximate date) 11 / 1 / 2010 - new tank and cesspool  
 9. Date of last pump out (if not known, approximate date) 11 / 1 / 2010

10. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other none

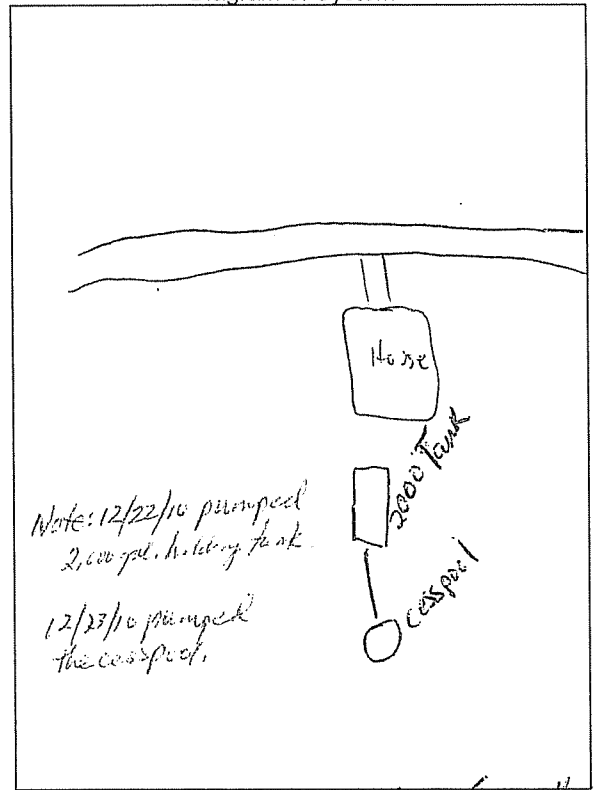
11. Check any of the following conditions observed.

- High Water Level in Tank
- Wet Areas Near System or Site
- Noticeable Odors
- Sewer Backup into House
- Abundant Grass Growth Near System or Site
- Backflush of Water from Absorption Area to Tank
- Any other indication of system malfunction  
explain \_\_\_\_\_

12. Size of tank:

- 500 Gallon Tank  1750 Gallon Tank
- 750 Gallon Tank  2000 Gallon Tank
- 1000 Gallon Tank  2250 Gallon Tank
- 1250 Gallon Tank  2500 Gallon Tank
- 1500 Gallon Tank  Other \_\_\_\_\_

Diagram of System



12. Amount of septage removed (in gallons) 2500 gallons (500 gallons from cesspool)

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property) Cricket Farm  
Altoona RBA, Shute Road Shippenburg DEP Permit # PA0-09-0518 3532

Signature of Pumper Chris Wilson Company Superior Septic Services Inc

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. dba Rosenberry's Septic Services  
 I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

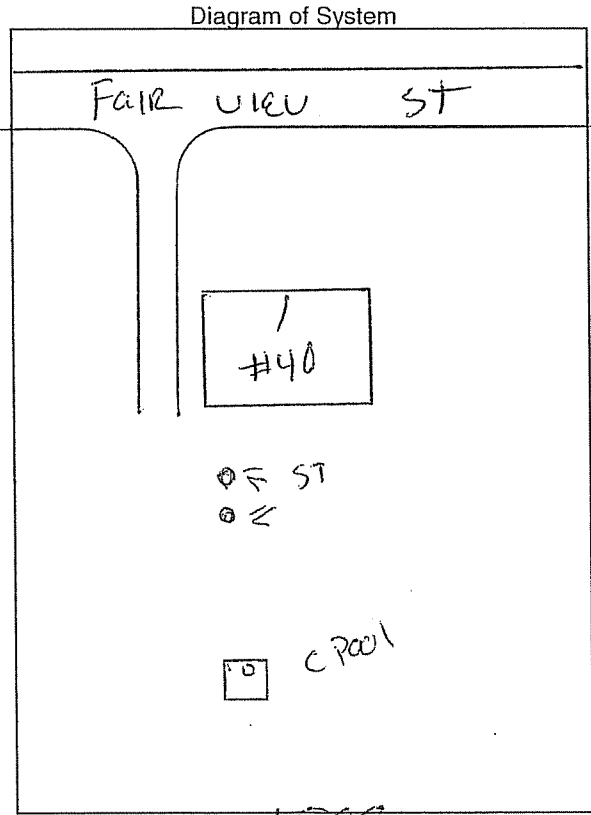
Township Use Only  
40-22-014-020

- Date of Pumping 5-7-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Jennifer Roadman  
Mailing Address 40 Fairview Street  
Carlisle Pa. 17013  
City State Zip Code
- Address of Tank Location \_\_\_\_\_  
(if different than #4) \_\_\_\_\_  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description 2 x 150 gallon Primary Tanks + 1200 Cess Pool

- Date system was installed (if not known, approximate date) 1/1/09
- Date of last pump out (if not known, approximate date) 12/18/09
- List of other maintenance performed.

- Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other \_\_\_\_\_
- Check any of the following conditions observed.
    - High Water Level in Tank
    - Wet Areas Near System or Site
    - Noticeable Odors
    - Sewer Backup into House
    - Abundant Grass Growth Near System or Site
    - Backflush of Water from Absorption Area to Tank
    - Any other indication of system malfunction  
explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 150 x 2



- Amount of septage removed (in gallons) 1500
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_
- Destination of the septage (name of treatment facility, include address if private property) Pecks TF DEP Permit # 101597

Signature of Pumper Bryan May Company Pecks  
The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-020

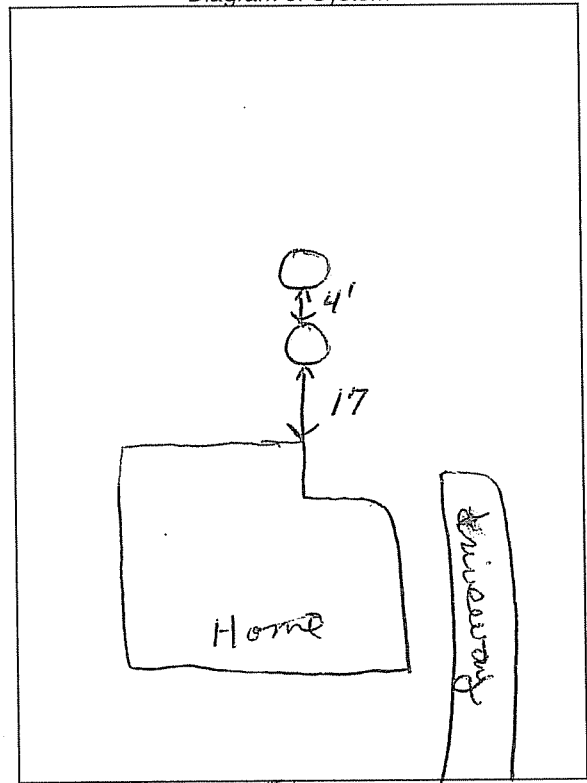
- Date of Pumping 12-18-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Jennifer Roadcap  
Mailing Address 40 Fairview Street  
Carlisle Pa. 17013  
City State Zip Code
- Address of Tank Location Same  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description 2 Terra-cotta tanks 18" deep.

- Date system was installed (if not known, approximate date) 1/15/05
- Date of last pump out (if not known, approximate date) 1-1-08
- List of other maintenance performed. 2 18 09

- Baffle Replacement  
 Extensions (riser rings)  
 Inspection Ports  
 Snaked the Line  
 Other \_\_\_\_\_
- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 75

Diagram of System



- Amount of septage removed (in gallons) 150
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

Destination of the septage (name of treatment facility, include address if private property) Peck's Septic Waste Treatment Facility DEP Permit # 101597  
Signature of Pumper R. Nickols, SR. Company Peck's Septic Serv.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-020

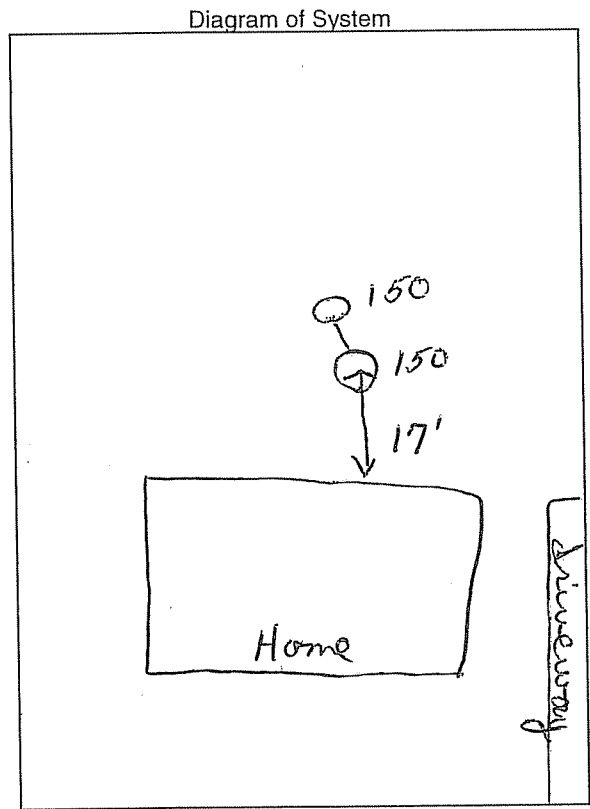
- Date of Pumping 2-18-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Erin Miller Roadcap MAR 05 2009  
Mailing Address 40 Fairview St.  
Carlisle Pa. 17013  
City State Zip Code
- Address of Tank Location Same  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description 2 crack tanks 12" deep.

- Date system was installed (if not known, approximate date) -1-150's-60's
- Date of last pump out (if not known, approximate date) 10/13/2005
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 150



12. Amount of septage removed (in gallons) 300

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Peachs Treatment Facility DEP Permit # 101397

Signature of Pumper P. Nickols Company Peachs Septic Srvs.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
 Septic System Report

Township Use Only  
40-22-0119-020

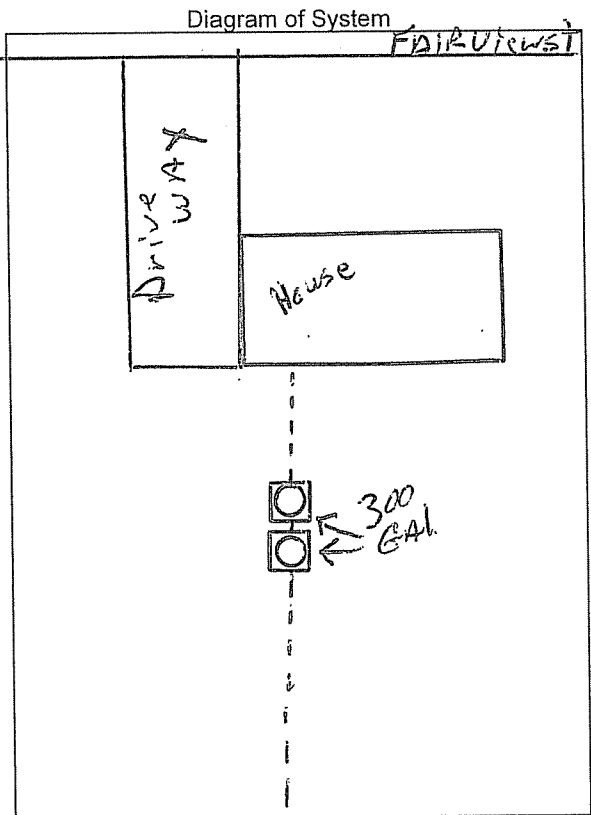
- Date of Pumping 10-13-05
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Mr. Roadcap  
 Mailing Address 40 Fairview St.  
Carlisle PA 17013  
City State Zip Code
- Address of Tank Location (if different than #4) Same AS ABOVE.  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description 300 gal. tank is located in the Back yard tank is 12" Deep.

- Date system was installed (if not known, approximate date) -1-155
- Date of last pump out (if not known, approximate date) -1-153
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other NONE

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain NONE

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other 300



12. Amount of septage removed (in gallons) \_\_\_\_\_

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 \_\_\_\_\_

14. Destination of the septage (name of treatment facility, include address if private property) RBS, Shippensburg, PA DEP Permit # 093513

Signature of Pumper Daniel S. Robert Company D E W & Sons

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to: South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-020

- Date of Pumping 3-26-02
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name EDITH ECKART  
Address 40 FAIRVIEW  
CARLISLE PA  
City State Zip Code
- Address of Tank Location S/A  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description TANKS MADE OF JERACOTTA PIPE

- Date system was installed (if not known, approximate date) 1 1960s
- Date of last pump out (if not known, approximate date) 1 101
- List of other maintenance performed.

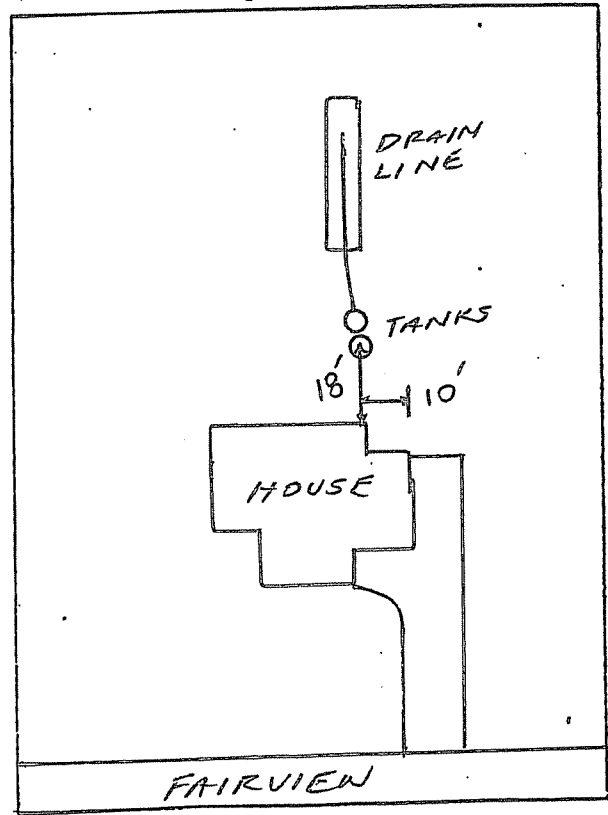
- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

- Amount of septage or other solid or semi-solid material Removed.
 

<input type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input checked="" type="checkbox"/> Other <u>150 GAL</u>

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property)  
YOUNGS DEP Permit # 603002

Signature of Pumper Michael Rhy Company YOUNGS SEPTIC

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Belling Springs, PA 17007

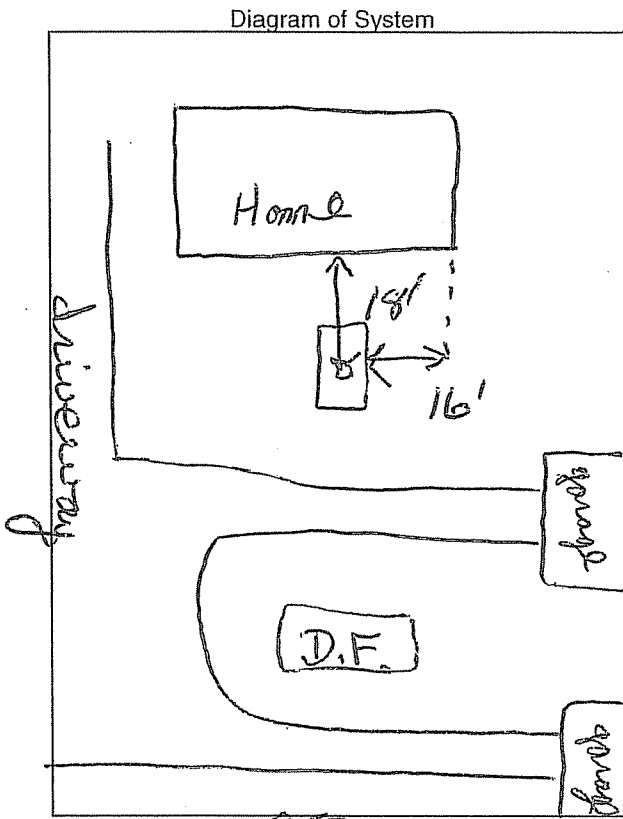
South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-022

- Date of Pumping 8-30-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Elmer Simonson  
Mailing Address 44 Glenview St  
Carlisle Pa 17013  
City State Zip Code
- Address of Tank Location (if different than #4) Same  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Concrete tank 3" deep  
(Entire tank lid is cracked but not completely through concrete. Doesn't appear to have weakened it)
- Date system was installed (if not known, approximate date) 1/77
- Date of last pump out (if not known, approximate date) 8/22/07

- List of other maintenance performed.
  - Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other \_\_\_\_\_
- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain \_\_\_\_\_

- Size of tank:
  - 500 Gallon Tank
  - 750 Gallon Tank
  - 1000 Gallon Tank
  - 1250 Gallon Tank
  - 1500 Gallon Tank
  - 1750 Gallon Tank
  - 2000 Gallon Tank
  - 2250 Gallon Tank
  - 2500 Gallon Tank
  - Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 850

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property)  
Rock's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper R. Tickle, Sr. Company Rock's Septic Inc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-022

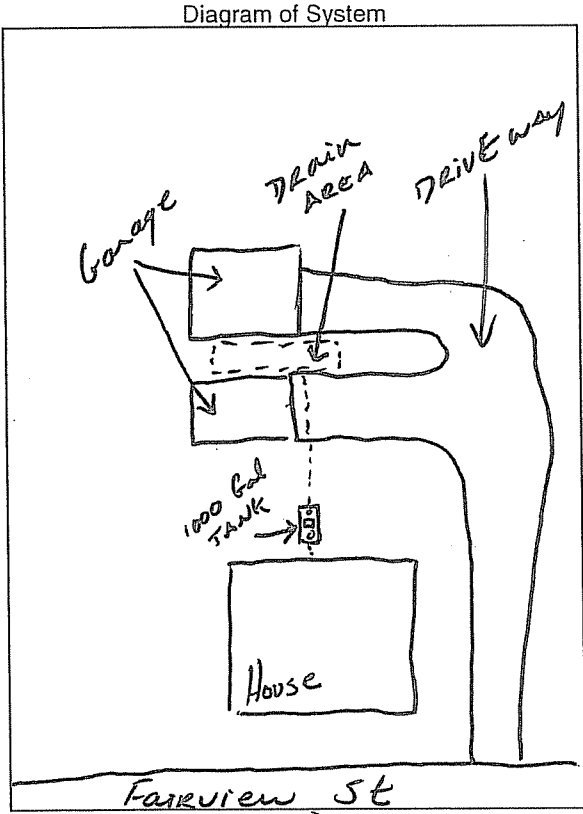
1. Date of Pumping 8-22-07
2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
3. System Type:  Sand Mound  In Ground
4. Property Owner's Name Elmer Sumontop  
Mailing Address 44 Fairview St.  
Carlisle  
City State Zip Code
5. Address of Tank Location (if different than #4) Home  
City State Zip Code
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Tank is located behind house  
17' and is covered with bricks.

7. Date system was installed (if not known, approximate date) 8/25/04
8. Date of last pump out (if not known, approximate date) 8/25/04
9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other NONE

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
explain NONE

11. Size of tank:
- 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 850
13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance

#00-02  
Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility  
DEP Permit # 101597

Signature of Pumper [Signature] Company Peak's Septic Inc

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction.  
I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-22-0119-022

- Date of Pumping 8-25-04
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Elmer Simonson  
Address 44 Fairview St.  
Carlisle Pa. 17013  
City State Zip Code
- Address of Tank Location Same  
(if different than #4) \_\_\_\_\_  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description in BACK OF HOME

- Date system was installed (if not known, approximate date) 1/1
- Date of last pump out (if not known, approximate date) 5/3/01
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

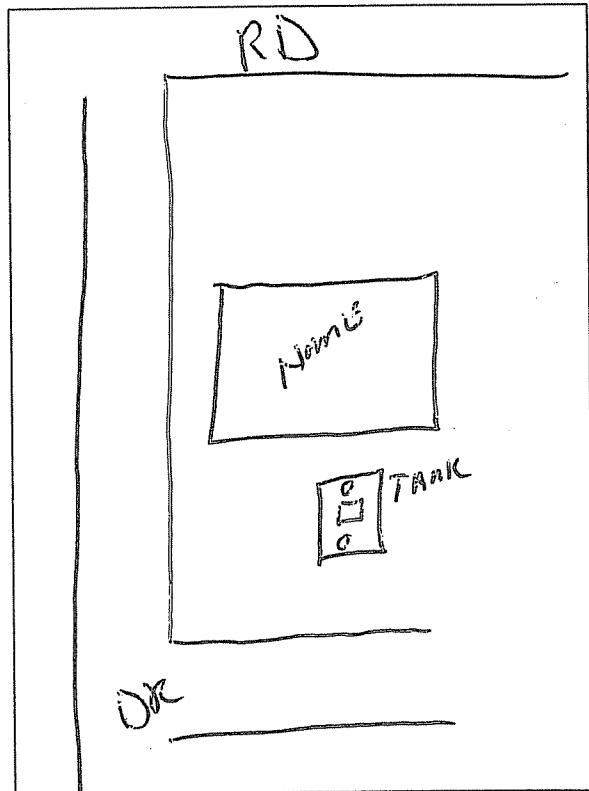
10. Check any of the following conditions observed.

- High Water Level in Tank
- Wet Areas Near System or Site
- Noticeable Odors
- Sewer Backup into House
- Abundant Grass Growth Near System or Site
- Backflush of Water from Absorption Area to Tank
- Other \_\_\_\_\_

11. Amount of septage or other solid or semi-solid material Removed.

- 500 Gallon Tank  1750 Gallon Tank
- 750 Gallon Tank  2000 Gallon Tank
- 1000 Gallon Tank  2250 Gallon Tank
- 1250 Gallon Tank  2500 Gallon Tank
- 1500 Gallon Tank  Other \_\_\_\_\_

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property)  
Peck's Septic Waste Treatment Facility DEP Permit # 101597  
Signature of Pumper [Signature] Company Peck's Septic Inc.

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
22-119-22

- Date of Pumping 5-3-01
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name ELMER SIMONTON  
Address 44 FAIRVIEW  
CARLISLE PA State Zip Code
- Address of Tank Location 3/A  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description CONCRETE TANK WITH ACCESS SURFACE

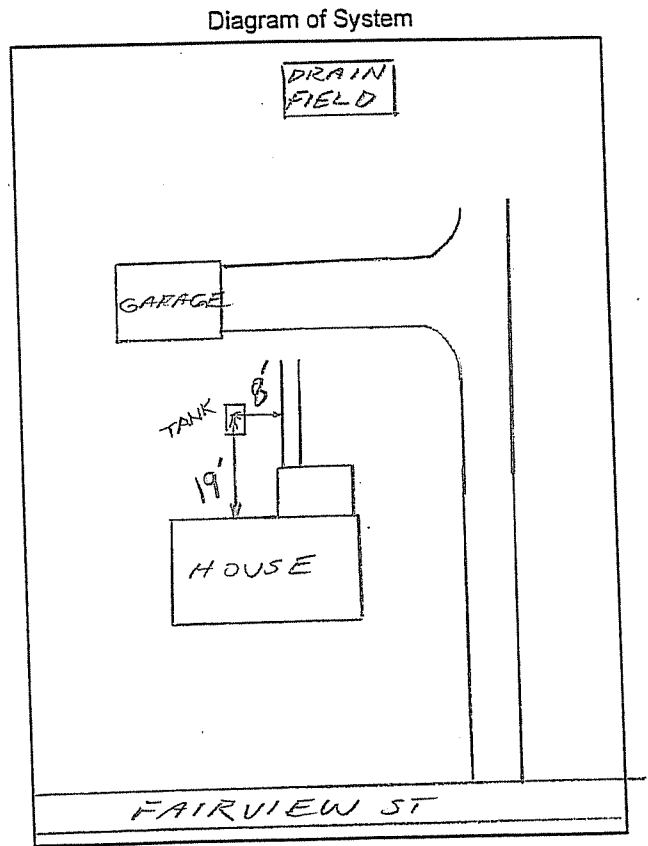
- Date system was installed (if not known, approximate date) 1 180
- Date of last pump out (if not known, approximate date) 1 199
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other BAFFLE BROKEN OFF

- Amount of septage or other solid or semi-solid material Removed.
 

<input type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input checked="" type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input type="checkbox"/> Other _____



12. Recommendations REPLACE

13. Destination of the septage (name of treatment facility, include address if private property)  
PECKS TREATMENT PLANT DEP Permit # 101597

Signature of Pumper Tony Skew Company PECKS SEPTIC

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
**Septic System Report**

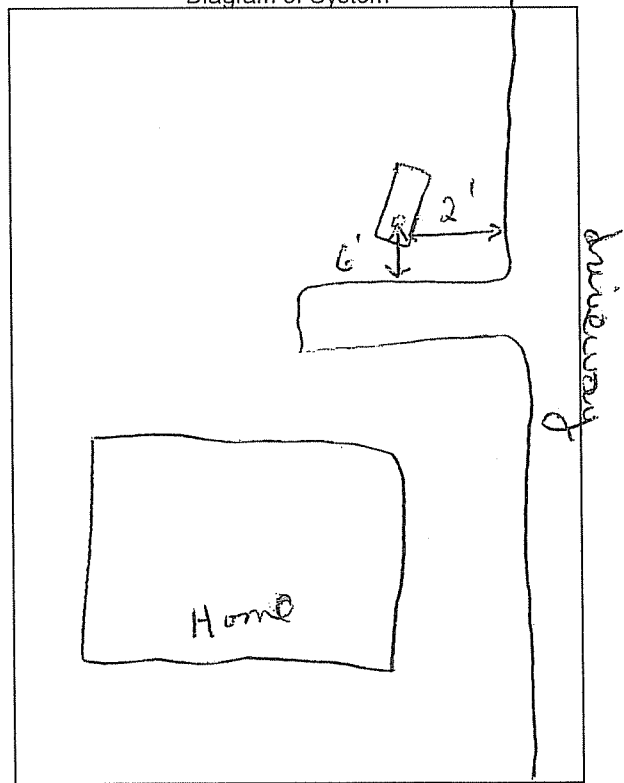
Township Use Only  
JAN 11 2010  
40-23-0592-059

- Date of Pumping 12-29-09
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Shelagh Miller  
 Mailing Address 46 Fairview St.  
Carlisle Pa. 17013  
 City State Zip Code
- Address of Tank Location (if different than #4) Same  
 City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Concrete tank walled up 4" deep at rear of home.

- Date system was installed (if not known, approximate date) 1/1/70's
- Date of last pump out (if not known, approximate date) 8/1/06
- List of other maintenance performed.

- Baffle Replacement
  - Extensions (riser rings)
  - Inspection Ports
  - Snaked the Line
  - Other \_\_\_\_\_
- Check any of the following conditions observed.
    - High Water Level in Tank
    - Wet Areas Near System or Site
    - Noticeable Odors
    - Sewer Backup into House
    - Abundant Grass Growth Near System or Site
    - Backflush of Water from Absorption Area to Tank
    - Any other indication of system malfunction explain \_\_\_\_\_

Diagram of System



- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_
- Amount of septage removed (in gallons) 900
- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 None

14. Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597  
 Signature of Pumper L. Nicholas Company Peak's Septic Svc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
 South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-23-0592-059

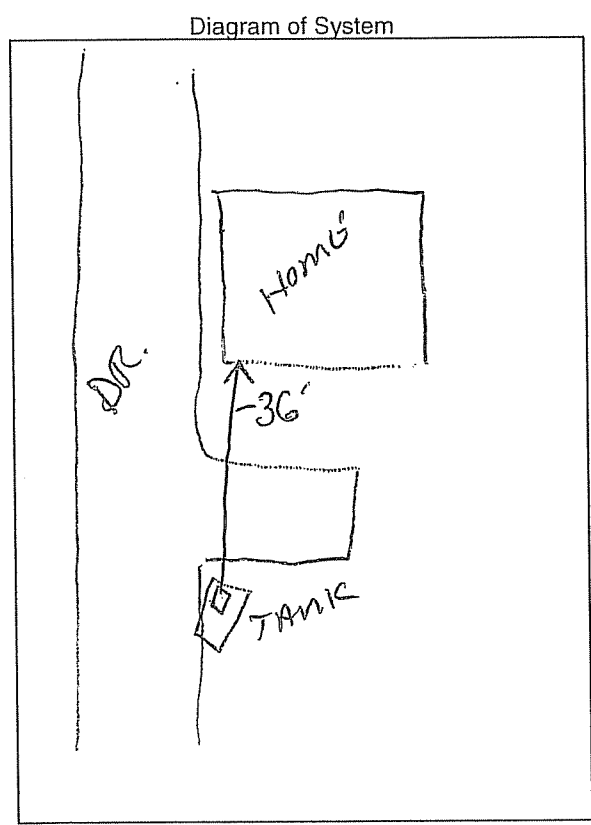
- Date of Pumping 8-1-06
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Kelly Miller  
Mailing Address 46 Fairview St.  
Carlisle PA 17013  
City State Zip Code
- Address of Tank Location Same  
(if different than #4) City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description in BACK of Home 3" Deep

- Date system was installed (if not known, approximate date)     /    /
- Date of last pump out (if not known, approximate date) N/A/    /
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction explain

- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other



12. Amount of septage removed (in gallons)     

13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02     

14. Destination of the septage (name of treatment facility, include address if private property) Peck's Septic Waste Treatment facility DEP Permit # 101597

Signature of Pumper [Signature] Company Peck's Septic Service

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-23-0592-059

- 1. Date of Pumping 11/21/2003
- 2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- 3. System Type:  Sand Mound  In Ground
- 4. Property Owner's Name Lonas Wetzel  
Address 46 Fairview Street  
Carlisle PA 17013  
City State Zip Code
- 5. Address of Tank Location \_\_\_\_\_  
(if different than #4) \_\_\_\_\_  
City State Zip Code
- 6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description \_\_\_\_\_  
\_\_\_\_\_

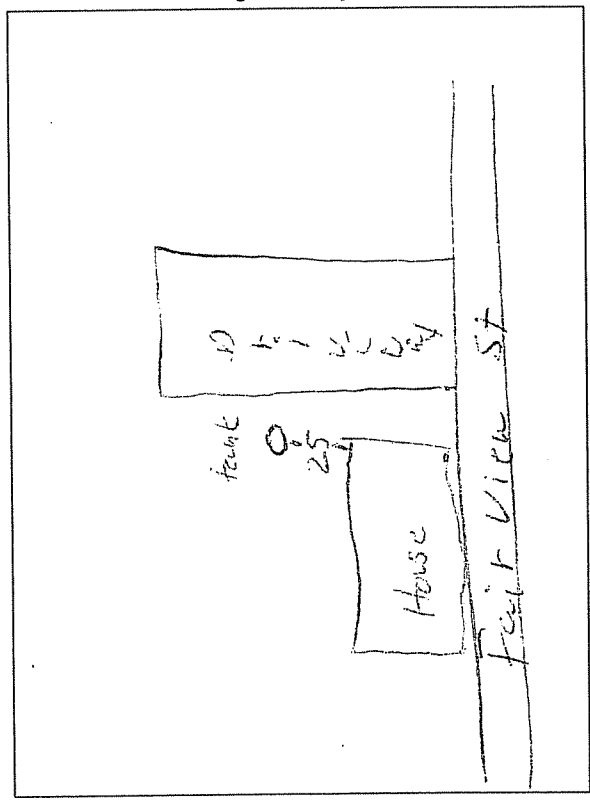
- 7. Date system was installed (if not known, approximate date)        /        / 1900's
- 8. Date of last pump out (if not known, approximate date) 7 / 12 / 2000
- 9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- 10. Check any of the following conditions observed.
- High Water Level in Tank
- Wet Areas Near System or Site
- Noticeable Odors
- Sewer Backup into House
- Abundant Grass Growth Near System or Site
- Backflush of Water from Absorption Area to Tank
- Other \_\_\_\_\_

- 11. Amount of septage or other solid or semi-solid material Removed.
- 500 Gallon Tank       1750 Gallon Tank
- 750 Gallon Tank       2000 Gallon Tank
- 1000 Gallon Tank       2250 Gallon Tank
- 1250 Gallon Tank       2500 Gallon Tank
- 1500 Gallon Tank       Other \_\_\_\_\_

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property) \_\_\_\_\_  
N. Middleton Authority DEP Permit # 24384

Signature of Pumper Stanley M Dye Company D & D Septic Service

NOTICE - Completion of this report is required by South Middleton Township for information purposes only and shall not be deemed to be any certification of conditions by the Pumper.

A copy of this report is to be submitted to the property owner listed above and a copy mailed within thirty (30) days after pumping to:  
South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-23-0592-059

- Date of Pumping 7-12-00
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name LONAS WETZEL  
Address 40 FAIRVIEW DR.  
CARLISLE PA  
City State Zip Code
- Address of Tank Location (if different than #4) \_\_\_\_\_  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description CONCRETE TANK  
BELOW SURFACE 18"

- Date system was installed (if not known, approximate date) 1 195
- Date of last pump out (if not known, approximate date) 1 195
- List of other maintenance performed.

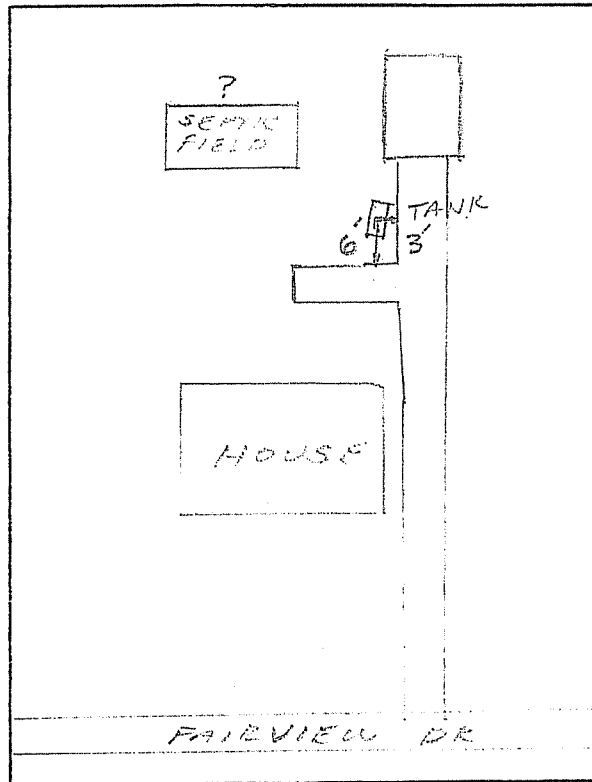
- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other \_\_\_\_\_

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Other \_\_\_\_\_

- Amount of septage or other solid or semi-solid material Removed.
 

<input type="checkbox"/> 500 Gallon Tank	<input type="checkbox"/> 1750 Gallon Tank
<input type="checkbox"/> 750 Gallon Tank	<input type="checkbox"/> 2000 Gallon Tank
<input checked="" type="checkbox"/> 1000 Gallon Tank	<input type="checkbox"/> 2250 Gallon Tank
<input type="checkbox"/> 1250 Gallon Tank	<input type="checkbox"/> 2500 Gallon Tank
<input type="checkbox"/> 1500 Gallon Tank	<input type="checkbox"/> Other _____

Diagram of System



12. Recommendations \_\_\_\_\_

13. Destination of the septage (name of treatment facility, include address if private property) C.S.A. DEP Permit # 24384

Signature of Pumper [Signature] Company D & D SEPTIC

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South Middleton Township  
Septic System Report

Township Use Only  
40-23-0592-058

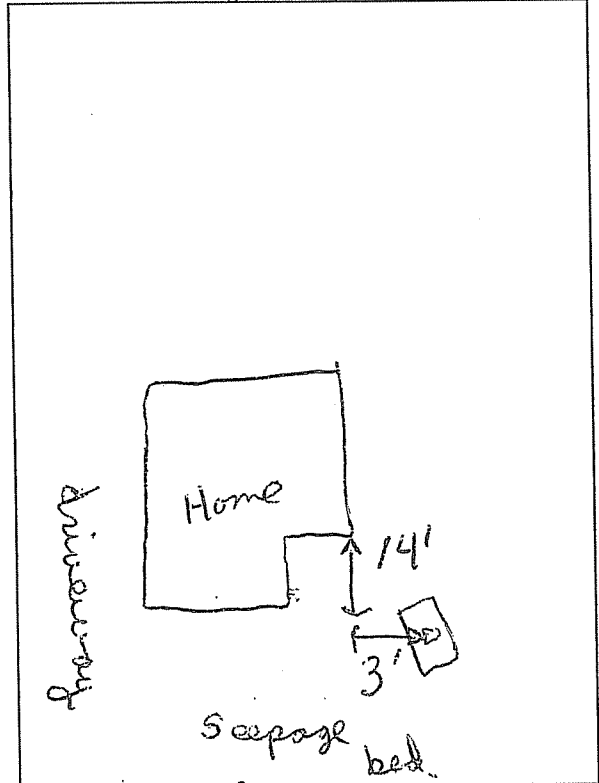
- Date of Pumping 4-20-10
- Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
- System Type:  Sand Mound  In Ground
- Property Owner's Name Dennis Dick Sr.  
Mailing Address 50 Furvies St.  
Carlisle Pa 17013  
City State Zip Code
- Address of Tank Location (if different than #4) same  
City State Zip Code
- Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Concrete tank on right side of home 6" deep.

- Date system was installed (if not known, approximate date) 1/1/98's?
- Date of last pump out (if not known, approximate date) 8/15/07
- List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other undugged inlet baffle

- Check any of the following conditions observed.
  - High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction
 explain \_\_\_\_\_

Diagram of System



- Size of tank:
  - 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_

12. Amount of septage removed (in gallons) 850

- List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02 none
- Destination of the septage (name of treatment facility, include address if private property) Pechs Treatment Facility, Gardner, VA.  
DEP Permit # 101597

Signature of Pumper R. Nickols, Sr. Company Pechs Septic Svc.

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007

South Middleton Township  
Septic System Report

Township Use Only  
40-23-0592-058

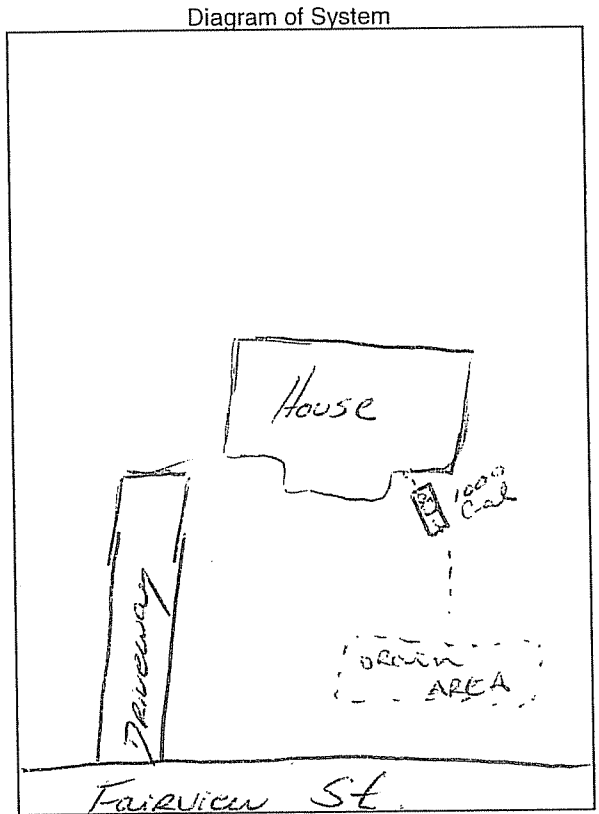
1. Date of Pumping 8-15-07
2. Treatment:  Septic Tank  Aerobic Tank  Cesspool  Dry Well
3. System Type:  Sand Mound  In Ground
4. Property Owner's Name Dennis Dick Sr.  
Mailing Address 55 Fairview St.  
Carlisle Pa. 17013  
City State Zip Code
5. Address of Tank Location (if different than #4) Same  
City State Zip Code
6. Description and diagram of the location of the tank (use box below), including the location of any markers, risers, and access hatches and size of the tank. Description Tank is located to the right of front porch and is about 12" deep.

7. Date system was installed (if not known, approximate date) \_\_\_/\_\_\_/\_\_\_
8. Date of last pump out (if not known, approximate date) \_\_\_/\_\_\_/\_\_\_
9. List of other maintenance performed.

- Baffle Replacement
- Extensions (riser rings)
- Inspection Ports
- Snaked the Line
- Other NONE

10. Check any of the following conditions observed.
- High Water Level in Tank
  - Wet Areas Near System or Site
  - Noticeable Odors
  - Sewer Backup into House
  - Abundant Grass Growth Near System or Site
  - Backflush of Water from Absorption Area to Tank
  - Any other indication of system malfunction  
explain \_\_\_\_\_

11. Size of tank:
- 500 Gallon Tank  1750 Gallon Tank
  - 750 Gallon Tank  2000 Gallon Tank
  - 1000 Gallon Tank  2250 Gallon Tank
  - 1250 Gallon Tank  2500 Gallon Tank
  - 1500 Gallon Tank  Other \_\_\_\_\_



12. Amount of septage removed (in gallons) 850
13. List any substances or chemical compounds not considered sewage by definition of Section 10 of Township Ordinance #00-02

14. Destination of the septage (name of treatment facility, include address if private property) Peak's Septic Waste Treatment Facility DEP Permit # 101597

Signature of Pumper [Signature] Company Peak's Septic, LLC

The hauler responsible for septage removal must provide, as part of this report, any information indicating system malfunction. I do hereby certify, that to the best of my knowledge, that the information provided herein is true and correct and that the Township may rely upon the accuracy thereof.

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South Middleton Township, 520 Park Drive, Boiling Springs, PA 17007