



OFFICE: (717) 359-4500

WWW.MTJOYTWP.US

ANNUAL SEPTIC HAULER REGISTRATION FORM

Date of Application _____

For Year _____

Name of Hauler Company	
Address	
Phone #	
Email	
Contact Person(s)	

PA DEP Registered Residential Septage Transporter No. _____

(please send copy of license)

Other Information: _____

PA DEP approved Disposal Facility: _____

I hereby certify that by signing this Registration that the above named company will fully comply with all requirements of Mount Joy Township Ordinance Chapter 68 Septic Systems.

I also certify that the above named firm will complete the required report(s) **MT Joy Township Septic System Pumping and Inspection Report** and if required, the **Sludge/Septage Manifest and Report** and have them delivered or sent to the Township office within 30 days of the pumping date.

I also certify that the above mentioned firm will dispose of the sewage waste in accordance with state and local regulations and provide documentation of such to those regulatory agencies requiring such reports.

Any violation of the requirements of Ordinance Chapter 68 or State and Local regulations could result in the loss of your registration.

Signature of Pumper _____ Date _____

Print Pumper Name _____

OFFICIAL USE ONLY:

Registration Fee: \$50	Check #	Amt	Date
Approved by			Date Approved