



Centre Region Code Administration
 2643 Gateway Drive, Suite #1
 State College, PA 16801
 814-231-3056
 814-231-3088 FAX
www.crcog.net/crca

On-lot Sewage System – Pumping Waiver Request

Return form to Centre Region Code Administration for processing. Form will be reviewed and forwarded to Municipal Sewage Enforcement Officer for consideration and response.

Property Information:

Occupant Name: _____

Property Address: _____

Tax parcel number: _____

Most recent pump date: _____ Pumped by: _____

System Owner: _____

Mailing Address: _____

Number of users: _____ Lot Area: _____ Number of Bedrooms: _____

Signature of owner/owner's representative: _____

Contact phone number: _____ Date: _____

System Description:

Type: _____ Number of tanks: _____

Construction: _____ Size: _____

Reason for waiver request:

Information below this line is for official use only

Request (approved/denied) by _____
(Sewage Enforcement Officer)

This date _____

Amended pumping cycle to being no later than _____, 20____.

Amended pumping cycle to occur every _____ years unless otherwise determined.

Note: The Municipal Sewage Enforcement Officer may require a visual inspection of your system as part of the waiver process. Additional fees will be incurred.