

Date: April 8, 2016
To: Prospective Haulers/Pumpers
Subject: Swatara Township, Dauphin County
OLDS Program

Swatara Township's On Lot Disposal System (OLDS) Program requires property owners of on-lot systems in the Township to have their septic systems pumped and inspected on a 3-year cycle.

We are accepting applications for registration from pumpers/haulers for 2016-2017 season (June 1, 2016 to June 30, 2017). There is an annual pumper/hauler registration fee of \$25.00, payable to Swatara Township.

Also, if you don't have a Business Privilege license on file with the Township, each hauler will be required to obtain one.

If you are interested, please complete the attached Pumper/Hauler Application, along with your check, **and return by May 13, 2016**, to Swatara Township, OLDS Office, 599 Eisenhower Blvd., Harrisburg, Pa. 17111-2397.

If you have any questions, please call the OLDS Office at 717-564-2551, or email olds@swataratwp.com.

Attachment

SWATARA TOWNSHIP

599 EISENHOWER BLVD
HARRISBURG, PA. 17111

2016 OLDS PUMPER/HAULER APPLICATION

Pumping period: June 1, 2016 to June 30, 2017

A. The name, address, telephone number, fax number, email address and DEP Hauler Number of the Pumper/Hauler Business:

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

EMAIL ADDRESS: _____

DEP Hauler Number: _____

B. Identification of all persons that will perform these services in the Township:

C. List of all vehicles including make, year, model and motor vehicle registration number:

D. Copy of insurance coverage, with minimum coverages as follows:
Compliance with workman's compensation and social security acts, as amended and liability insurance in an amount of not less than \$1,000,000.00 for injuries, including accidental death, to any one person and subject to the same limit for each person, in an amount of no less than \$2,000,000.00 on account of one accident and property damage insurance in an amount of not less than \$1,000,000.00 or \$2,000,000.00 combined single limit liability; with an umbrella coverage of \$2,000,000.00.

(Have your insurance carrier mail Certificate of Liability Insurance to Swatara Township, OLDS Office, 599 Eisenhower Blvd., Harrisburg, Pa. 17111, or have your insurance carrier fax a copy to OLDS Office at 717-564-5895.)

E. Copy of membership in the Pa Septage Management Association.

(Attach current copy of PSMA membership)

F. Identify the location(s) at which the Pumper/Hauler Business proposes to dispose of septage collected in the Township that shall be valid for the calendar year.

G. Documentation that there is at least one person employed by the Pumper/Hauler Business, who is certified by the PA Septage Management Association to perform On-lot Management Treatment Inspections.

(Attach current copy of Certificate of Completion)

Signature of Applicant: _____

Date: _____

SWATARA TOWNSHIP

APPLICATION FOR BUSINESS PRIVILEGE LICENSE FEE THIRTY DOLLARS (\$30.00)

Doing Business As _____

Address _____

City, State, Zip _____

License No. _____

Do Not Fill In License #

MAIL TO: SWATARA TOWNSHIP
BUSINESS PRIVILEGE
599 EISENHOWER BLVD
HARRISBURG PA 17111

717-564-2551
717-901-0285 FAX

Date Received: _____

Check # _____

Receipt # _____

Due Date: UPON RECEIPT OF APPLICATION

Township Codification of Ordinances, Chapter 261, Article IV, Business Privilege, Section 261-34 Annual License, provides that any person desiring to conduct or to continue to conduct any business, within the Township of Swatara shall file an application for a Business Privilege License and shall pay a fee of Thirty Dollars (\$30.00) for the initial license and shall pay a fee of Thirty Dollars (\$30.00) for each renewal thereof. In cases where more than one place of business is conducted, a separate license shall be issued for each place of business.

THE LICENSE WHEN ISSUED SHALL BE CONSPICUOUSLY POSTED IN THE PLACE OF BUSINESS FOR WHICH THE LICENSE IS ISSUED and shall remain in effect for the license year.

NO BUSINESS SHALL BE CONDUCTED IN SWATARA TOWNSHIP WITHOUT A LICENSE

Owner(s) Name: _____

Owner(s) Address: _____

Owner(s) Phone: _____ Business Phone: _____

Home Office Phone: _____ Cell Phone: _____

FAX Phone: _____ EIN: _____

E-mail: _____ Website: _____

Mailing Name(s): _____

Mailing Address: _____

Local Address: _____

Business Description: _____

"I declare under penalty of perjury that this return is made in good faith, and that all information hereon is true and correct."

Signature _____

Name (Please Print) _____

Title _____ Date _____

NOTE: Issuance of a Business Privilege License does not relieve licensee's obligation to comply with all other applicable township regulations. RETURN APPLICATION WITH YOUR PAYMENT.