

Date: April 6, 2017

Subject: Swatara Township, Dauphin County
OLDS Program

To: Current and/or Prospective Haulers/Pumpers

From: Robert K. Felty *Robert K. Felty*
Sewage Enforcement Officer

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 2017-2018 season (June 1, 2017 to June 30, 2018). 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 15, 2017** 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

2017 OLDS PUMPER/HAULER APPLICATION

Pumping period: June 1, 2017 to June 30, 2018

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.