

**REQUEST FOR REUSE OF AN EXISTING ONLOT SEWAGE DISPOSAL SYSTEM MEETING THE REQUIREMENTS OF CHAPTER 72, ADMINISTRATION OF SEWAGE FACILITIES PERMITTING PROGRAM, SECTION 72.22(h).**

\_\_\_\_\_  
Name(s) \_\_\_\_\_  
Tax Map and Parcel Number

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Slite Address(IF DIFFERENT THAN MAILING ADDRESS)

\_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone

I/We, \_\_\_\_\_, in the Township of \_\_\_\_\_  
Owner(s) Township

do hereby notify the Bedford County Township & Borough Sanitary Corporation and the Township of \_\_\_\_\_  
Township

\_\_\_\_\_ County, I/we will be replacing the existing \_\_\_\_\_ bedroom dwelling on the above-mentioned parcel with a new  
County

\_\_\_\_\_ bedroom dwelling. The existing dwelling was in and or will be in use within \_\_\_\_\_ year(s) of the anticipated date of  
completion of of the new dwelling.

Also, I/we, \_\_\_\_\_, in the Township of \_\_\_\_\_  
Owner(s) Township

understand that this exception does not apply when an active investigation of a malfunction is under way by the local agency or the  
Department of Environmental Protection. I/We, \_\_\_\_\_, understand that this exception does  
Owner(s)  
not apply when an active investigation of a malfunction is underway by the local agency or the Department of Environmental Protection.

I/We, \_\_\_\_\_, understand that in the event of a malfunction it shall be the sole responsibility  
Owner(s)  
myself/ourselves to repair or replace this system with a permitted system that meets the standards of the PA Sewage Facilities Act 537  
if effect at the time.

**FALSE SWEARING STATEMENT, I/We verify thth the statements made in this form are true and correct to the best of my/our knowledge, information and belief. I/We understand that false statements are made subject to the penalties of 18 PA.C.S.A.§4904 relating to unsworn falsification to authorities.**

\_\_\_\_\_  
Signature Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bedford County Township & Borough Sanitary Corporation

\_\_\_\_\_  
Date

**SPECIAL NOTE: IF ANY OF THE FOLLOWING CONDITIONS SHOULD ARISE THEN A SEWAGE INSTALLATION PERMIT SHALL BE REQUIRED; ANY ALTERATIONS TO THE SEWAGE CONVEYANCE LINES, SEPTIC TANK AND/OR DRAINFIELD.**