



TOWNSHIP OF WARWICK

Administration Building, 1733 Township Greene, Jamison, PA 18929-1621

phone: 215/343-6100
fax: 215/343-4407
www.warwick-bucks.org

On-lot Sewage Management Program (SMP) Registration Form

Phase _____

Date _____

1. Property Owner Information

Name(s): _____

Primary Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

2. Location of Property Where On-lot System is Installed

Address: _____

Tax Map Parcel #: 51- _____ - _____ - _____

Additional Location Information (i.e. lot number, subdivision, etc.): _____

3. On-lot System Information

Number of On-lot Systems on Property: _____

Primary Use of Building Served (i.e. residential, commercial, etc.): _____

Estimated Age of On-lot System: _____

Number of Bedrooms (if residential): _____

Number of Occupants: _____

Water Supply (i.e. public or private well): _____

Type of On-lot System (i.e. in-ground system, sand mound, alternate system, etc.): _____

Maintenance History: _____

Please include a basic plot plan showing all buildings, location of the system and system components.

If registration is received with sixty (60) days of notice, fee is waived. If registration is received between sixty and ninety (60-90) days, fee is \$25. If registration is received after ninety (90) days, fee is \$50.

All registered properties will have one (1) year from January 1st of the registration year to complete and submit a visual inspection form to the Township. The deadline for visual inspection forms is December 31st of the registering year.

If a septic tank pump-out has occurred within the past year from January 1st of the registration year, the owner is relieved of the requirement to pump within one (1) year of the effective date of the Sewage Management Program. Proof of pump-out must be submitted. A visual inspection form must still be completed and submitted to the Township even if the pump-out occurred prior to registration.

Township Use Only

Date Registration Received: _____

Registration/Database No.: _____

Fee Paid: \$ _____