APPLICATION FOR GRAVITY SEWER LATERAL CONNECTION WEST MANHEIM TOWNSHIP SANITARY SEWER SYSTEM

PROPERTY OWNER(S):			
MAILING ADDRESS:			
PROPERTY ADDRESS:			
PHONE NUMBER:			
PROPERTY USE:	Residential	# of Bedrooms	
	Commercial	Water Usage	g.p.d.
	Other	Describe	
•	fee by the property owner(s) a ne West Manheim Sanitary Sew		an approved gravity sewer
	g the gravity sewer lateral musends and holidays excluded), to ateral.		
	sanitary sewer system must be Manheim Township prior to ba		a duly authorized
Prior to the final inspec	tion an interior inspection is re	quired.	
The contractor has a m	aximum of 30 days from the tir	ne the installation starts to a	abandon the on-lot tank.
Inspection Hours: 9:00 a.m. – 4:00 p.m.		Contact: Tim Pfaff – Phone # 717-632-0320	
The property owner(s) osigned authorization.	acknowledge receipt of three (3) gravity sewer lateral detail	sheets attached with this
TOTAL CONNECTION F	EE: \$		
PAID: Check N	lo Date	2:	
CONNECTION AUTHOR	RIZED:	ı	Date:
	West Manhein		
RECEIPT ACKNOWLEDO	GED:		Date:
	Property Owr	ner	