

SEWAGE COMPLAINT
Salisbury Township
Lancaster County, Pennsylvania

Official Use Only

Date _____

No. _____

Tax Parcel No. _____

Name of Complainant _____ Phone No. _____

Address of Complainant _____

Nature of the Complaint _____

Owner of Complaint Property _____

Address of Complaint Property _____

Have You Reported This Complaint Previously?

Yes No

Complainant Signature _____
Required

Remain Confidential Yes No

Received By _____

SITE INVESTIGATION (Official Use Only)

Date _____

Surface Discharge	Yes	No
Sewage Backup into Home	Yes	No
Spongy or Wet Areas	Yes	No
Grass Discoloration	Yes	No
Toilet Running Sluggish	Yes	No
Sewage Odor in House	Yes	No
Sewage Odor in Drinking Water	Yes	No
Pump Running Continuously	Yes	No
Pump Not Running	Yes	No
Alarm Circuit Operating	Yes	No
Surface Water Problem	Yes	No
Downspout Water Problem	Yes	No
Tree Root Problem	Yes	No

Water Conservation Fixture	In Use	Yes	No
Water Softener In Use	Yes	No	
Water Use:	Meter Readings	Yes	No
Other Complaints Received	Yes	No	
Original Permit On File	Yes	No	
Permit No.	_____		

Other _____

Permit Required Yes No Permit No. _____ Issued Date _____