**\*Application #:** **450395-**

## APPLICATION FOR AN ON-LOT SEWAGE SYSTEM PERMIT

(Please PRINT using ALL CAPS, if completing a paper copy.)

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| **PART I. APPLICANT AND SITE INFORMATION** | | | | | | |
| 1. **Applicant:**   Name:  Address:        ,  City State Zip  Telephone # Preferred  Home/Work (     )        Preferred  Cell (     )  Email Address | | | | **2. Site:**  Address:  Street or Route #        ,  City State Zip    Subdivision Name Lot #        ,  Municipality County    Tax Parcel # | | |
| **3. Direction to the Site**: | | | | | | |
| **4. Lot Size**:       acres | | | **5. Type of Facility to be Served by the System:** | | | |
| **6. Type of Permit:**  New Construction  System or Component Repair  System or Component Modification  BTG (use only with repair) | | | Single-family Residential  # of Bedrooms | | | Multi-family Residential  Commercial/Non-residential  Design Flow      gal/day |
| **7. Facility Water Supply**:  Public Authority  Well  Spring  Cistern  Surface | | | | | | |
| **8. Distance to the Nearest Water Supply** (existing or proposed as listed in # 7, on or off the property):       ft.  **Well Isolation Distance Exemption** | | | | | | |
| **9. Chapter 102 Requirements:** Permit or coverage under Chapter 102 Erosion and Sedimentation Control:  Required  Obtained | | | | | | |
| **PART II. LOCAL AGENCY USE ONLY** | | | | | | |
| Sewage Planning | Site Suitability | | | | Application Actions and Dates | |
| Approved Planning Module  DEP Code #  Date      /     /  No Planning Required  (lot created before May 15, 1972)  Area Not Planned  (lot created between May 15, 1972 and June 10, 1989)  Limitations in Effect | NRCS Soil Series | Percolation Rate       min/in.  Percolation Testing Not Conducted  Soil Morphological Evaluation  Additional Hydrologic Testing  Groundwater Mounding Study  Hydraulic Conductivity Test  Other: List | | | Application Received      /     /  Complete Application      /     / | |
| Permit Issued      /     /  Permit Denied      /     /  Interim Inspection      /     /  Interim Inspection      /     /  Final Inspection:  Approved  Disapproved       /     / | |
| Slope (steepest within the absorption area or spray field)        % |
| Type of Limiting Zone | Site is:  Suitable for the following system types: | | |
| Fees Paid |
| Application $  Testing $  Inspection(s) $  Other $  **Total** $ | Depth to Limiting Zone        inches | Unsuitable for an on-lot sewage system. Reason: | | | Revoked Permit      /     /  Reason for Revocation: | |
| Land Use (for IRSIS only)  (see 25 Pa. Code § 73.163) |

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| **PART III. SYSTEM DESIGN** | | | |
| 14. System or Component Classification | 15. Treatment/Tankage | | 16. Type of Filter |
| Conventional  Experimental  Alternate | Septic Tank       gal.  Aerobic Tank       gal.  Holding Tank       gal.  Equalization Tank       gal.  Privy Vault       gal.  Nitrogen Reduction       gal.  Other       (list)       gal. | | Buried Sand (IRSIS only)  Free Access (IRSIS only)  Other Media  Effluent |
| Classification #A      -       - |
| Classification #A      -       -  Classification #A      -       - |
| 17. Type of Disinfection | 18. Effluent Distribution | | 19. Absorption Area |
| Does the system use disinfection?  No  Yes Type | Pressure  Pump (Electric)  Pump (Pneumatic)  Siphon | Gravity | Absorption Area Size:       sq. ft.  Elevated Sand Mound Beds  Elevated Sand Mound Trenches  Standard Trench  Seepage Bed  IRSIS  Drip Dispersal  At-Grade  Other |
| 20. Other Toilets | 21. Attach the Following Documentation | | |
| Chemical Toilet  Incinerating Toilet  Composting Toilet  Recycling Toilet | **Soil Tests -** Copies of all 3850‑FM‑BCW0290A forms (and B, or morphological evaluation report when required;  See Part II).  **Design Plan -** A detailed sewage system design (including cross sections, plan reviews and comments) and plot plan. See instructions for required details.  **On-lot Sewage System Design Report –** A report containing a detailed description of the selected system design. See instructions for contents.  **Other -** Copies of any other documentation that is required when the conditions identified in any of the above sections are met, such as but not limited to: well isolation distance waiver; proof of authorized agent; reason for revocation; comments on special conditions not specifically covered.  **Pages -** Indicate the total # of pages attached to this form      . | | |
| **PART IV. SIGNATURES** | | | |
| Owner’s Authorization (to be completed when applying for permit) | | | |
| I am the owner of record (or the authorized agent of the owner) of the lot described in Part I of this application. I intend to install an on-lot sewage system on this property. The information provided as part of this application is true and correct to the best of my knowledge. I understand that providing false information on this application is subject to the penalties of 18 PA C.S.A. § 4904, relating to unsworn falsification to authorities. Submission of this form grants authorized representatives from the local agency and DEP access to the lot to inspect and conduct tests of 1) the site; 2) the system and structures under construction; 3) the completed sewage system; and, 4) the operational status of the system.  Property Owner’s Signature       Date | | | |
| SEO’s Review (to be completed when the form is initially reviewed for the issuance of a permit) | | | |
| I am currently a Local Agency SEO for the jurisdiction encompassing the lot identified in this permit application and my SEO certification is current. The information in this application is true and correct to the best of my knowledge.  SEO’s Signature       Date       Certification No. | | | |
| SEO’s Final Inspection (to be completed after final site inspection) | | | |
| I certify that I have inspected the final installation of the system proposed and permitted in this form. Based on my inspection, the system comports with the proposed and permitted system as reflected in this document and complies with the relevant portions of Pennsylvania’s Sewage Facilities Act, and its implementing regulations.  SEO’s Signature       Date       Certification No. | | | |

##### \*See the instructions for completion of this form and to get direction on how to generate the application number.