



APPLICATION FOR AN ON-LOT SEWAGE SYSTEM PERMIT

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

PART I. APPLICANT AND SITE INFORMATION			
1. Applicant: Name: _____ Address: _____ _____ City _____ State _____ Zip _____ Telephone # Preferred <input type="checkbox"/> Home/Work _____ Preferred <input type="checkbox"/> 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: <input type="checkbox"/> Single-family Residential <input type="checkbox"/> Multi-family Residential <input type="checkbox"/> System or Component Repair <input type="checkbox"/> System or Component Modification <input type="checkbox"/> BTG (use only with repair) # of Bedrooms _____ Design Flow _____ gal/day		
6. Type of Permit: <input type="checkbox"/> New Construction <input type="checkbox"/> System or Component Repair <input type="checkbox"/> System or Component Modification <input type="checkbox"/> BTG (use only with repair)			
7. Facility Water Supply: <input type="checkbox"/> Public Authority <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Surface			
8. Distance to the Nearest Water Supply (existing or proposed as listed in # 7, on or off the property): _____ ft. <input type="checkbox"/> Well Isolation Distance Exemption			
9. Chapter 102 Requirements: Permit or coverage under Chapter 102 Erosion and Sedimentation Control: <input type="checkbox"/> Required <input type="checkbox"/> Obtained			
PART II. LOCAL AGENCY USE ONLY			
10. Sewage Planning <input type="checkbox"/> Approved Planning Module DEP Code # _____ Date ____/____/____ <input type="checkbox"/> No Planning Required (lot created before May 15, 1972) <input type="checkbox"/> Area Not Planned (lot created between May 15, 1972 and June 10, 1989) <input type="checkbox"/> Limitations in Effect _____	12. Site Suitability NRCS Soil Series _____ _____ Slope (steepest within the absorption area or spray field) _____% Type of Limiting Zone _____ _____	Percolation Rate _____ min/in. <input type="checkbox"/> Percolation Testing Not Conducted <input type="checkbox"/> Soil Morphological Evaluation <input type="checkbox"/> Additional Hydrologic Testing <input type="checkbox"/> Groundwater Mounding Study <input type="checkbox"/> Hydraulic Conductivity Test <input type="checkbox"/> Other: List _____ Site is: <input type="checkbox"/> Suitable for the following system types: _____ _____	13. Application Actions and Dates <input type="checkbox"/> Application Received ____/____/____ <input type="checkbox"/> Complete Application ____/____/____ <input type="checkbox"/> Permit Issued ____/____/____ <input type="checkbox"/> Permit Denied ____/____/____ <input type="checkbox"/> Interim Inspection ____/____/____ <input type="checkbox"/> Interim Inspection ____/____/____ Final Inspection: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____/____/____
11. Fees Paid Application \$ _____ Testing \$ _____ Inspection(s) \$ _____ Other \$ _____ Total \$ _____	Depth to Limiting Zone _____ inches _____ Land Use (for IRSIS only) (see 25 Pa. Code § 73.163) _____ _____	<input type="checkbox"/> Unsuitable for an on-lot sewage system. Reason: _____ _____	
<input type="checkbox"/> Revoked Permit ____/____/____ Reason for Revocation: _____			

PART III. SYSTEM DESIGN		
14. System or Component Classification <input type="checkbox"/> Conventional <input type="checkbox"/> Experimental <input type="checkbox"/> Alternate Classification #A _____ - _____ - _____ Classification #A _____ - _____ - _____ Classification #A _____ - _____ - _____	15. Treatment/Tankage <input type="checkbox"/> Septic Tank _____ gal. <input type="checkbox"/> Aerobic Tank _____ gal. <input type="checkbox"/> Holding Tank _____ gal. <input type="checkbox"/> Equalization Tank _____ gal. <input type="checkbox"/> Privy Vault _____ gal. <input type="checkbox"/> Nitrogen Reduction _____ gal. <input type="checkbox"/> Other _____ (list) _____ gal.	16. Type of Filter <input type="checkbox"/> Buried Sand (IRSI only) <input type="checkbox"/> Free Access (IRSI only) <input type="checkbox"/> Other Media _____ <input type="checkbox"/> Effluent
17. Type of Disinfection Does the system use disinfection? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____	18. Effluent Distribution <input type="checkbox"/> Pressure <input type="checkbox"/> Pump (Electric) <input type="checkbox"/> Pump (Pneumatic) <input type="checkbox"/> Siphon <input type="checkbox"/> Gravity	19. Absorption Area Absorption Area Size: _____ sq. ft. <input type="checkbox"/> Elevated Sand Mound Beds <input type="checkbox"/> Elevated Sand Mound Trenches <input type="checkbox"/> Standard Trench <input type="checkbox"/> Seepage Bed <input type="checkbox"/> IRSIS <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Other _____
20. Other Toilets <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Recycling Toilet	21. Attach the Following Documentation 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		
12. 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 _____		
13. 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. ____		
14. 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.