



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

APPLICATION FOR AN ON-LOT SEWAGE DISPOSAL SYSTEM PERMIT

PART I APPLICANT AND SITE INFORMATION (Please PRINT using ALL CAPS)

1. Applicant Name _____ Address _____ Telephone No. Day (____) _____ Evening (____) _____	2. Site Address _____ Street, RR, Box No. City _____ State _____ Zip _____ Subdivision Name _____ Lot No. _____ Municipality _____ County _____
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Directions to the Site: _____

3. Lot Size: _____ sq. ft./acres	4. Type of Facility to be Served by this System:
5. Type of On-Lot System Activity <input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> BTG (Use Only With Repair)	<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multifamily Residential <input type="checkbox"/> Commercial/Nonresidential <input type="checkbox"/> Permit or coverage under Chapter 102 Erosion and Sedimentation Control required. <input type="checkbox"/> Permit or coverage under Chapter 102 Erosion and Sedimentation Control obtained.
6. Facility Water Supply: Public <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Surface <input type="checkbox"/>	7. Distance to the nearest existing or proposed Private Water Supply (on or off the property) _____ ft.

PART II LOCAL AGENCY USE ONLY (Please PRINT using ALL CAPS)

SEWAGE PLANNING	SITE SUITABILITY	Percolation Rate _____ min/in.	APPLICATION STATUS
<input type="checkbox"/> Approved Planning Mod. DEP Code No. _____ (date) _____ <input type="checkbox"/> Area Not Planned (lot created before May 15, 1972) <input type="checkbox"/> Limitations in Effect	Soil Series _____ Slope _____ % Type of Limiting Zone _____ Depth of Limiting Zone _____ inches Type of Cover (Ag. Grass, Forest) _____	<input type="checkbox"/> Not conducted Site is: <input type="checkbox"/> Suitable for inground system. <input type="checkbox"/> Suitable for elevated system. <input type="checkbox"/> Suitable for IRSIS <input type="checkbox"/> Unsuitable	ACTION DATE <input type="checkbox"/> Complete Application ____/____/____ <input type="checkbox"/> Received ____/____/____ <input type="checkbox"/> Permit Issued ____/____/____ <input type="checkbox"/> Permit Denied ____/____/____ <input type="checkbox"/> Interim Inspection ____/____/____ <input type="checkbox"/> Interim Inspection ____/____/____ <input type="checkbox"/> Final Inspection ____/____/____ <input type="checkbox"/> Approved ____ <input type="checkbox"/> Disapproved SEO Initials <input type="checkbox"/> Revoked Permit ____/____/____
FEES PAID Application \$ _____ Testing _____ Inspection(s) _____ Other _____ Total \$ _____			

PART III PLOT PLAN AND SYSTEM DESIGN (Please PRINT using ALL CAPS)

1. System Classification <input type="checkbox"/> Conventional <input type="checkbox"/> Experimental <input type="checkbox"/> Alternate Classification #A _____ - _____ - _____ Classification #A _____ - _____ - _____	2. Treatment/Tankage Total Tank Capacity _____ gal. <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Vault Privy <input type="checkbox"/> Nitrogen Reduction <input type="checkbox"/> Other _____	3. Type of Filter <input type="checkbox"/> Buried Sand <input type="checkbox"/> Other Media _____ <input type="checkbox"/> Effluent
4. Type of Disinfection <input type="checkbox"/> CL Erosion <input type="checkbox"/> CL Hypo <input type="checkbox"/> UV	5. Distribution <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity <input type="checkbox"/> Pump (Electric) <input type="checkbox"/> Pump (Pneumatic) <input type="checkbox"/> Siphon	6. Absorption Total Absorption Area _____ sq. ft. <input type="checkbox"/> Std. Trench <input type="checkbox"/> Std. Bed <input type="checkbox"/> Elev. Sand Mound <input type="checkbox"/> Elev. Sand Trench <input type="checkbox"/> IRSIS <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Other _____
7. Other <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Recycling Toilet	8. Attach the Following Documentation a. A copy of the Form 3850-FM-BCW0290A (and B when required) or a morphological evaluation report (See Part II). b. A detailed plot plan and sewage system design (including cross sections plan reviews and comments). See instructions on reverse side for required details. Indicate the number of attached sheets _____.	

PART IV SIGNATURES

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/or 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 _____

The information in this application is true and correct to the best of my knowledge.

SEO Signature _____ Date _____ Certification No. _____