COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

*Application #: _____

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 ☐ 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 ☐ Multi-family Residential

☐ Commercial/Non-residential

# of Bedrooms _____

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

10. Sewage Planning	12. Site Suitability		13. 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
	 _____
	
	 Slope (steepest within the absorption area or spray field)
	 _____%
	
	 Type of Limiting Zone
		Percolation Rate _____ min/in.
		 ☐ Percolation Testing Not Conducted
		 ☐ Soil Morphological Evaluation
		 ☐ Additional Hydrologic Testing
		   ☐ Groundwater Mounding Study
		   ☐ Hydraulic Conductivity Test
		   ☐ Other: List _____
		
		 Site Is:
		 ☐ Suitable for the following system types:
		 _____
		 _____
		 _____
			☐ Application Received ___/___/___
			 ☐ Complete Application ___/___/___
			
			 ☐ Permit Issued ___/___/___
			 ☐ Permit Denied ___/___/___
			 ☐ Interim Inspection ___/___/___
			 ☐ Interim Inspection ___/___/___
			
			 Final Inspection: ☐ Approved ☐ 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)	☐ Unsuitable for an on-lot sewage system. Reason: _____ _____	☐ Revoked Permit ___/___/___ Reason for Revocation: _____

PART III. SYSTEM DESIGN

14. System or Component Classification	15. Treatment/Tankage	16. Type of Filter
☐ Conventional ☐ Experimental ☐ Alternate Classification #A_____ - _____ - _____ Classification #A_____ - _____ - _____ Classification #A_____ - _____ - _____	☐ 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

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

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.