



APPLICATION FOR AN ONLOT SEWAGE DISPOSAL SYSTEM PERMIT

PART I APPLICANT AND SITE INFORMATION	
1. Applicant Name _____ Address _____ Telephone No. Day () _____ Evening () _____	2. Site Address _____ Street, RR, Box No. _____ Post Office _____ State _____ Zip _____ Subdivision Name _____ Lot No. _____ Municipality _____ County _____

Directions to the Site: _____

3. Lot Size _____ sq. ft./acres 5. Type of Onlot System Activity <input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> BTG (Use Only With Repair)	4. Type of Facility to be Served by this System <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multifamily Residential No. of Bedrooms _____ <input type="checkbox"/> Commercial/Nonresidential gal/day _____ 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																								
SEWAGE PLANNING <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 FEES PAID Application \$ _____ Testing _____ Inspection(s) _____ Other _____ Total \$ _____	SITE SUITABILITY Soil Series _____ Slope _____ Type of Limiting Zone _____ Depth of Limiting Zone _____ inches Type of Cover _____ Percolation Rate _____ min/in. 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	APPLICATION STATUS <table style="width:100%;"> <tr> <th style="text-align: left;">ACTION</th> <th style="text-align: left;">DATE</th> </tr> <tr> <td><input type="checkbox"/> Complete Application</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Received</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Permit Issued</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Permit Denied</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Interim Inspection</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Interim Inspection</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Final Inspection</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Approved</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Disapproved</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Revoked Permit</td> <td>____/____/____</td> </tr> </table> SEO Initials _____	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	____/____/____	<input type="checkbox"/> Revoked Permit	____/____/____
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	____/____/____																							
<input type="checkbox"/> Revoked Permit	____/____/____																							

PART III PLOT PLAN AND SYSTEM DESIGN		
1. System Classification <input type="checkbox"/> Conventional <input type="checkbox"/> Alternate <input type="checkbox"/> Experimental	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"/> Denitrification <input type="checkbox"/> Other _____	3. Type of Filter <input type="checkbox"/> Buried Sand <input type="checkbox"/> Free Access 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 3800-FM-WSFR0290A (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 onlot 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 _____	
_____ information in this application is true and correct to the best of my knowledge.		
SEO Signature _____	Date _____	Certification No. _____