

**APPLICATION FOR AN ON-LOT SEWAGE DISPOSAL SYSTEM PERMIT**

PART I APPLICANT AND SITE INFORMATION	
1. Applicant Name _____ Address _____ Telephone No. Day ( ) _____ Evenings ( ) _____	2. Site Address _____ <small style="margin-left: 150px;">Street, RR, Box No.</small> _____ <small style="margin-left: 100px;">Post Office</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">Zip</small> _____ <small style="margin-left: 100px;">Subdivision Name</small> <small style="margin-left: 100px;">Lot No.</small> _____ <small style="margin-left: 100px;">Municipality</small> <small style="margin-left: 100px;">County</small>

Directions to the Site: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Lot Size _____ sq. ft./acres  Type of System <input type="checkbox"/> New <input type="checkbox"/> Repair	4. TYPE OF FACILITY TO BE SERVED BY THIS SYSTEM Single Family Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> No. of Bedrooms _____      Commercial <input type="checkbox"/> gal. day _____
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5. Facility Water Supply: Public  Well  Spring  Cistern  Surface   
 6. Distance to the nearest existing or proposed Private Water Supply (on or off the property) \_\_\_\_\_ ft.

PART II LOCAL AGENCY USE ONLY		
SEWAGE PLANNING	SITE SUITABILITY	APPLICATION STATUS
<input type="checkbox"/> Approved Planning Mod. <small style="margin-left: 20px;">DEP Code No. _____</small> <small style="margin-left: 20px;">(date) _____</small> <input type="checkbox"/> Area Not Planned (not 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 _____ <small style="margin-left: 20px;">Ag. Grass, Forest</small>	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      ____/____/____
<b>FEES PAID</b> Application \$ _____ Testing _____ Inspection(s) _____ Other _____ Total \$ _____	Percolation Rate _____ min/in. Not conducted - IRSIS Site is: <input type="checkbox"/> Suitable for in ground system. <input type="checkbox"/> Suitable for elevated system. <input type="checkbox"/> Suitable for IRSIS <input type="checkbox"/> Unsuitable <small style="margin-left: 20px;">Attach Form 3620-FM-WQ0290 Appendix A or B</small>	

PART III PLOT PLAN AND SYSTEM DESIGN		
1. TANKAGE Total Tank Capacity _____ gal. <input type="checkbox"/> Septic Tanks _____ <input type="checkbox"/> Aerobic Tank(s) _____ <input type="checkbox"/> Chemical Toilet _____ <input type="checkbox"/> Composting Toilet _____ <input type="checkbox"/> Incinerating Toilet _____ <input type="checkbox"/> Recycling Toilet _____ <input type="checkbox"/> Holding Tank _____ <input type="checkbox"/> Vault Privy _____	2. SOIL ABSORPTION SYSTEM Total Absorption Area _____ Sq. ft. <input type="checkbox"/> Standard Trench <input type="checkbox"/> Elev. Sand Trench <input type="checkbox"/> Seepage Bed <input type="checkbox"/> Elev. Sand Bed <input type="checkbox"/> Pressure Dose <input type="checkbox"/> Subsurf. Sand Bed <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Experimental _____ <input type="checkbox"/> IRSIS	3. ATTACH THE FOLLOWING DOCUMENTATION a. A copy of the Form 3620-FM-WQ0290 Appendix A (and B when required) (See Part II) b. A detailed plot plan and sewage system design (including plan reviews and cross sections). See the instructions on the reverse side for required details. Indicate the number of attached sheets _____.  4. Type of Sand Filter <input type="checkbox"/> Buried <input type="checkbox"/> Free Access 5. Type of Disinfection <input type="checkbox"/> Erosion <input type="checkbox"/> Hypo  Comments: _____

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 this Department 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.		
Enforcement Officer Signature _____	Date _____	Certification No. _____

