3850-FM-BCW0290 Rev. 9/2022
Application

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

☐ 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 _____

11. Fees Paid

Application	$_____
Testing	$_____
Inspection(s)	$_____
Other	$_____
Total	$_____

12. Site Suitability

NRCS Soil Series _____

Slope (steepest within the absorption area or spray field) _____ %

Type of Limiting Zone _____

Depth to Limiting Zone _____ inches

Land Use (for IRSIS only) (see 25 Pa. Code § 73.163) _____

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:
_____
_____

☐ Unsuitable for an on-lot sewage system. Reason:
_____
_____

13. Application Actions and Dates

☐ Application Received ____/____/____
☐ Complete Application ____/____/____

☐ Permit Issued ____/____/____
☐ Permit Denied ____/____/____
☐ Interim Inspection ____/____/____
☐ Interim Inspection ____/____/____

Final Inspection: ☐ Approved ☐ Disapproved
____/____/____

☐ Revoked Permit ____/____/____
Reason for Revocation:
_____

PART III. SYSTEM DESIGN

14. System or Component Classification

☐ Conventional ☐ Experimental ☐ Alternate

Classification #A_____ - _____ - _____

Classification #A_____ - _____ - _____

Classification #A_____ - _____ - _____

15. Treatment/Tankage

☐ Septic Tank _____gal. ☐ Aerobic Tank _____gal.

☐ Holding Tank _____gal. ☐ Equalization Tank_____gal.

☐ Privy Vault _____gal.

☐ Nitrogen Reduction _____gal.

☐ Other _____ (list) _____gal.

16. Type of Filter

☐ Buried Sand (IRSIS only)

☐ Free Access (IRSIS only)

☐ Other Media _____

☐ Effluent

17. Type of Disinfection

Does the system use disinfection?

☐ No

☐ Yes Type _____

18. Effluent Distribution

☐ Pressure

☐ Pump (Electric)

☐ Pump (Pneumatic)

☐ Siphon

☐ Gravity

19. Absorption Area

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

☐ Chemical Toilet

☐ Incinerating Toilet

☐ Composting Toilet

☐ 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.