

**APPLICATION FOR AN ON-LOT SEWAGE DISPOSAL SYSTEM PERMIT**  
ER-BWQ-290

**PART I APPLICANT AND SITE INFORMATION**

1. Applicant Name _____ Address _____ Telephone No. Day ( ) _____ Evenings ( ) _____	2. Site Address _____ <small>Street, RR, Box. No.</small> _____ <small>Post Office</small> _____ <small>State</small> _____ <small>Zip</small> _____ _____ <small>Subdivision Name</small> _____ <small>Lot No.</small> _____ _____ <small>Municipality</small> _____ <small>County</small> _____
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Directions to the Site: \_\_\_\_\_

3. Lot Size _____ sq. ft/acres Type of System <input type="checkbox"/> New <input type="checkbox"/> Repair	<b>4. TYPE OF FACILITY TO BE SERVED BY THIS SYSTEM</b> Single Family Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> No. of Bedrooms _____ Commercial <input type="checkbox"/> gal./day _____
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i. Facility Water Supply: Public  Well  Spring  Cistern  Surface

ii. 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 ANALYSIS	APPLICATION STATUS
<input type="checkbox"/> Approved Planning Mod. <small>DER Code No. _____</small> <small>(date) _____</small> <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	<b>ACTION</b> <b>DATE</b> <input type="checkbox"/> Complete Application 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. Site is: <input type="checkbox"/> Suitable for in ground system. <input type="checkbox"/> Suitable for elevated system. <input type="checkbox"/> Unsuitable	Attach Form ER-BWQ-290 Appendix A or B

**PART III PLOT PLAN AND SYSTEM DESIGN**

<b>1. TANKAGE</b> Total Tank Capacity _____ gal. <small>Number</small> <input type="checkbox"/> Septic Tank(s) _____ <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 _____	<b>2. SOIL ABSORPTION SYSTEM</b> 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 <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Experimental _____	<b>3. ATTACH THE FOLLOWING DOCUMENTATION</b> a. A copy of the Form ER-BWQ-290 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 _____. Comments: _____
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**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. \_\_\_\_\_