

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

<b>PART I APPLICANT AND SITE INFORMATION</b>	
1. Applicant Name _____ Address _____ Telephone No. Day ( ) _____ Evenings ( ) _____	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 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 _____
5. Facility Water Supply: Public <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Surface <input type="checkbox"/>	
6. Distance to the nearest existing or proposed Private Water Supply (on or off the property) _____ ft.	

<b>PART II LOCAL AGENCY USE ONLY</b>																									
<b>SEWAGE PLANNING</b>	<b>SITE SUITABILITY ANALYSIS</b>		<b>APPLICATION STATUS</b>																						
<input type="checkbox"/> Approved Planning Mod. _____ DEP Code No. _____ (date) <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 _____ Ag, Grass, Forest	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 Attach Form ER-BWQ-290 Appendix A or B	<table border="1" style="width:100%; border-collapse: collapse;"> <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>SEO Initials _____</td> </tr> <tr> <td><input type="checkbox"/> Revoked Permit</td> <td>____/____/____</td> </tr> </table>	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	____/____/____
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<b>FEES PAID</b> Application \$ _____ Testing _____ Inspection(s) _____ Other _____ Total \$ _____																									

<b>PART III PLOT PLAN AND SYSTEM DESIGN</b>																				
1. TANKAGE Total Tank Capacity _____ gal. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Number</th> <th style="text-align: left;">Description</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Septic Tank(s) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Aerobic Tank(s) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Chemical Toilet _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Composting Toilet _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Incinerating Toilet _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Recycling Toilet _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Holding Tank _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Vault Privy _____</td> </tr> </table>	Number	Description	<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 _____	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 <input type="checkbox"/> Alternate _____ <input type="checkbox"/> Experimental _____ <input type="checkbox"/> IRSIS	3. ATTACH THE FOLLOWING DOCUMENTATION 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 _____. 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: _____
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<b>PART IV SIGNATURES</b>		
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. _____