



# MONTGOMERY COUNTY HEALTH DEPARTMENT

**Norristown Health Center**  
1430 DeKalb Street, PO Box 311  
Norristown, PA 19404-0311  
610-278-5117  
Fax: 610-278-5167

**Pottstown Health Center**  
364 King Street  
Pottstown, PA 19464  
610-970-5040  
Fax: 610-970-5048

**Eastern Court House Annex**  
102 York Road, Suite 401  
Willow Grove, PA 19090  
215-784-5415  
Fax: 215-784-5524

---

## CHECKLIST FOR SEWAGE SYSTEM DESIGN

The following items must be provided to constitute a **COMPLETE** application submittal:

### SYSTEM LOCATION AND PROTECTION

**All referenced corner elevations denoting the absorption area, including the tanks, shall be staked in the field and protected from disturbance.**

**APPLICATION FOR AN ON-LOT SEWAGE DISPOSAL SYSTEM PERMIT** (Form 290) must be completed by the applicant and/or authorized agent. **All** information in Parts I and III shall be provided by the applicant and/or authorized agent and signed under Part IV. Part II is for **Local Agency Use Only**.

1. Part III, the **Plot Plan** must include at minimum the following items and be drawn **TO SCALE**:
  - a. Lot dimensions (in feet) with precise property lines
  - b. **Exact** location of the following:
    - I. **All** existing & proposed water supplies (including adjacent properties)
    - II. Existing & proposed buildings
    - III. **All** observation test probes (with identification) and percolation tests.
    - IV. Proposed treatment tanks
    - V. Proposed absorption area (including distance in feet from property corners and/or two non-parallel property lines)
  - c. Reference to north
  - d. Bench mark location and elevation
  - e. Direction and percentage of slope (**AS MEASURED ON SITE**)
  - f. Distance to nearest stream, floodway or wetland
  - g. **Exact** isolation distances as set forth in PA Code Title 25, Chapter 73, Section 73.13  
\*A/B bed's 50 foot down-slope no construction zone\*
  - h. Provide for diversion of surface runoff waters around the proposed sewage system.
  - i. **All** right-of-ways or easements
  - j. Detention/retention basins and storm water seepage beds
  - k. Other information as required by Montgomery County Health Department.

**SITE INVESTIGATION AND PERCOLATION TEST REPORT** (Form 290 Appendix A) shall be completed in its entirety by the authorized agent and/or project consultant.

### DESIGN CALCULATIONS (showing required computations)

1. Minimum absorption area
2. Septic tank capacity
3. Design flow
4. Friction loss
5. Total dynamic head

6. Minimum dosing volume
7. Dosing or siphon tank capacity
8. Pump curve and specified pump or siphon

**TREATMENT TANK DETAIL** (side profile with all dimensions)

1. Indicate type of treatment tank to be used
2. Building sewer showing required slope of last ten (10) feet and clean-out
3. Inlet & outlet elevation
4. Baffles (inlet & outlet)
5. Inspection port
6. Manhole cover
7. Elevation of existing grade at septic tank

**DOSE/SIPHON/LIFT TANK DETAIL** (side profile with all dimensions)

1. Elevation of existing grade at tank
2. Inlet & outlet elevation
3. Pump/siphon elevation
4. Elevation of OFF, ON & ALARM floats
5. Profile of all piping, fittings & electrical connections from pump/siphon to manifold
6. Conduit protection for electrical lines

**ABSORPTION AREA DETAIL**

1. Top view must be drawn **TO SCALE**
  - a. Dimensions in feet
  - b. Ground elevations for **All** corners of the absorption area; **All** corner elevations of individual trenches must be provided (and extremities of the berm for elevated sand mound systems)
  - c. Laterals, hole spacing, manifold & bed layout
2. End view must be drawn **TO SCALE**
  - a. Ground elevation at highest & lowest sides
  - b. Depth of sand or excavation at highest & lowest sides
  - c. Slope of sand & soil berm
  - d. Depth of stone below and above piping
  - e. Depth of hay/straw/building paper over stone
  - f. Depth of top cover
  - g. Manifold & spacing of piping
  - h. Seeding or sodding