

The background of the slide is a close-up, slightly blurred photograph of a Go board. Three green 3D house-shaped pieces are placed on the board, arranged in a diagonal line from the bottom left towards the top right. The text is overlaid on this image.

Beyond Planning Modules 2025

Presented by: Nic Krebs and Ryan Oxenford

Session Overview



Transparent communication

Between SEO, DEP,
Municipality, Owner,
Consultant, Manufacturer
rep.



Review the purpose and requirements of

Initial applications
Soil testing reports
Design submission
Inspection forms and post
construction forms



Benefits of effective record keeping

Disclaimer

This presentation does not represent nor tries to represent the positions held by the Department of Environmental Protection. In lieu, this presentation is a discussion of best practices experienced by Nic Krebs and Ryan Oxenford.

Ground Rules



DEP

DEP has many regional offices that operate independently of one another. Some things may be enforced differently by region. We will not linger on DEP regional differences in this session.



Cell Phones

We are all working professionals, if you need to use your phone please step outside the doors.



Participation

Our room has different levels of experience from different DEP regions and sharing is welcome.

Know your DEP

- DEP regional offices may expect different things.
 - Know which office you are working with and which planning specialist will/has worked on your plan.
- Open communication with DEP provides
 - Troubleshooting
 - Ability to save money by not redoing work DEP did not approve of
 - Ensuring the plan remains up to date, even if deviations were made

NORTHWEST

814-332-6945



NORTHCENTRAL

570-327-3636



NORTHEAST

570-826-2511



SOUTHWEST

412-442-4000

SOUTHCENTRAL

717-705-4700

SOUTHEAST

484-250-5900

Southwest Regional Office:

412-442-4000

Northwest Regional Office:

814-332-6945

Northcentral Regional Office:

570-327-3636

Southcentral Regional Office:

717-705-4700

Southeast Regional Office:

484-250-5900

Northeast Regional Office:

570-826-2511

Regional Permit Coordination
Office:

717-772-5987

Know your Municipal Ordinances



Where can testing take place?



What type of systems have restrictions?



Do they require routine pumping?



Do they have their own requirements for alternate systems (fees/forms)?



As many in the room could share, municipal ordinance can be all over the place and seem arbitrary. Having a contact can take the burden off you.

Know your Manufacturer contact

KNOW YOUR
MANUFACTURER
REPRESENTATIVE

ASSIST IN
TROUBLESHOOTING.

ADDITIONAL
STIPULATIONS FOR
INSTALLATION
BEYOND
REGULATIONS.

ADDITIONAL
REQUIREMENTS TO
KEEP PRODUCT
WARRANTY ACTIVE.

STAY INFORMED ON
SUPPLY/DEMAND.

Purpose and Requirements: **Initial Applications**



Our Practices:

Record and Rider Forms

- Applicant info
- Site info
- Payment processing
- Lawful agent agreement
- Electronic



Why do we do this form before the DEP Application?

Accessibility

Creating a communication structure from the beginning

Streamlining communication



Chester County Health Department
Sewage Application Record Form

For Department Use Only
Permit Application Number: _____

Applicant Information:

Applicant Name: _____

Applicant Mailing Address: _____
Street City State Zip Code

Phone Number: _____ Email Address: _____

Applicant Status: ☐ Property Owner ☐ Equitable Owner

If the Applicant is an Equitable Owner, proper documentation must be attached.

- Sales Agreement or Short Certificate (Executor)
- POA (Power of Attorney) Certificate

Site Information:

Site Address: _____
Street City State PA Zip Code

☐ Site Address is the same as Mailing Address

Site Municipality: _____ UPI number: _____

Subdivision Name: _____ Lot Number: _____ Is it the Parent Parcel? ☐ Yes / ☐ No

Type of Facility to be Served by this System: ☐ Residential – Single Family
☐ Residential – Multiple Family
☐ Non-Residential – Commercial

Number of Bedrooms _____

Number of Gallons per Day (gpd) _____

Number of Equivalent Dwelling Units (EDU) non-residential only _____ (1 EDU = 400 gpd)

System Activity: ☐ New Permit Class: ☐ Major Reason for Repair: ☐ Component Replacement
☐ Modification ☐ Minor ☐ System Failure or Malfunction
☐ Repair ☐ Unsatisfactory Certification

If Unsatisfactory Certification is selected provide:

Certifier Name: _____ and attach a copy of the certification report.

Fees (select one):

☐ Payment will be provided physically Checks are made payable to the Treasurer of Chester County
☐ Payment will be provided electronically Electronic reference number: _____ (required)

For Department Use Only

Admin. Fee: _____ Receipt: _____ Date: _____ Admin Fee is non-refundable
Initial Fee: _____ Receipt: _____ Date: _____
Add. Fee: _____ Receipt: _____ Date: _____
Transfer Fee: _____ Receipt: _____ Date: _____

Rev 11/23/2022



Chester County Health Department
Sewage Application Rider Form

For Department Use Only
Permit Application Number: _____

On the date of _____ I, We, _____

owner(s) ☐ Property Owner of the real property located in the Municipality of _____
☐ Equitable Owner

County of Chester and Commonwealth of Pennsylvania more specifically described as follows:

UPI Number: _____

Site Address: _____
Street City State PA Zip Code

do hereby authorize, empower, and appoint:

Agent Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____
Street City State Zip Code

my lawful agent exclusively and specifically with reference to the installation of an on-lot sewage disposal system(s) on the property described above. My agent herein named is authorized, among other things to file applications, conduct tests, attend meetings, receive notices, and to do any and all other acts necessary for the permitting and installation of said system(s). My agent is specifically authorized, in my absence, to receive the notice required by 35 P.S. 750.7 Et. Seq.

I have also reviewed and verified all information provided with this application to be correct.

Signature of ☐ Property Owner
☐ Equitable Owner

Signature of ☐ Property Owner
☐ Equitable Owner

Mail to:

Chester County Health Department
601 Westtown Rd., Suite 288
P.O. Box 2747
West Chester, PA 19380-0990

For Department Use Only

Test Pit Observations on _____ at _____ Initial Presoak on _____ at _____

Percolation Test on _____ at _____

____ The above dates meet the 20 working day requirement of Act 537.

____ The above dates do not meet the 20 working day requirement of Act 537. The dates given have been mutually agreed to by the property owner or their assigned agent and Chester County Health Department.

Rev 11/23/2022

on-lot sewage disposal system(s) on the property described above. My agent herein named is authorized, among other things to file applications, conduct tests, attend meetings, receive notices, and do any and all other acts necessary for the permitting and installation of said system(s). My agent is specifically authorized, in my absence; to receive the notice required by 35 P.S. 750.7 Et. Seq.

I have also reviewed and verified all information provided with this application

Purpose and Requirements: Site Testing


○ Quality

- Ensure that your testing is completed in a manner consistent to what your regional DEP office would expect.

- 290A's completed in a manner consistent with DEP requirements.

- If you scheduled testing for new land development, notify your regional office in the event they would like to be onsite.

3850-FM-BCW0290A 4/2016

 COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

**SITE INVESTIGATION AND PERCOLATION
TEST REPORT FOR ONLOT DISPOSAL OF SEWAGE**

INSTRUCTIONS FOR COMPLETION OF THIS FORM ARE LOCATED ON THE REVERSE SIDE

Application No. _____ Municipality _____ County _____
Site Location _____ Subdivision Name _____

☐ SUITABLE Soil Type _____ Slope _____% Depth to Limiting Zone _____ Ave. Perc. Rate _____
☐ UNSUITABLE ☐ Mottling ☐ Seeps or Pounded Water ☐ Bedrock ☐ Fractures ☐ Coarse Fragments
☐ Perc. Rate ☐ Slope ☐ Unstabilized Fill ☐ Floodway ☐ Other _____

SOILS DESCRIPTION:
Soils Description Completed by: _____ Date: _____

Inches	Description of Horizon
_____ TO _____	_____
_____ TO _____	_____
_____ TO _____	_____
_____ TO _____	_____
_____ TO _____	_____
_____ TO _____	_____

PERCOLATION TEST:
Percolation Test Completed by: _____ Date: _____
Weather Conditions: ☐ Below 40°F ☐ 40°F or above ☐ Dry ☐ Rain, Sleet, Snow (last 24 hours)
Soil Conditions: ☐ Wet ☐ Dry ☐ Frozen

Hole No.	***		Reading Interval	Reading No. 1: Inches of drop	Reading No. 2: Inches of drop	Reading No. 3: Inches of drop	Reading No. 4: Inches of drop	Reading No. 5: Inches of drop	Reading No. 6: Inches of drop	Reading No. 7: Inches of drop	Reading No. 8: Inches of drop
	Yes	No									
			10 / 30								
			10 / 30								
			10 / 30								
			10 / 30								
			10 / 30								
			10 / 30								

***Water remaining in the hole at the end of the final 30-minute presoak? Yes, use 30-minute interval; No, use 10-minute interval.

Calculation of Average Percolation Rate:

Hole No.	Drop during final period	Perc. Rate as Minutes/Inch	Depth of Hole
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL OF MIN / IN → _____ = _____
TOTAL NO. OF HOLES → _____

The information provided is the true and correct result of tests conducted by me, performed under my personal supervision, or verified in a manner approved by the Department of Environmental Protection (DEP).

(S) _____
Sewage Enforcement Officer (SEO)

☐ White - Local Agency ☐ Pink - Local DEP Office ☐ Yellow - Applicant

**SITE INVESTIGATION AND PERCOLATION
 TEST REPORT FOR ONLOT DISPOSAL OF SEWAGE**

INSTRUCTIONS FOR COMPLETION OF THIS FORM ARE LOCATED ON THE REVERSE SIDE

Application No. 11111-11-11111 Municipality _____ County _____

Site Location _____ Subdivision Name _____

☒ SUITABLE Soil Type _____ Slope _____% Depth to Limiting Zone _____ Ave. Perc. Rate 28.17

☐ UNSUITABLE ☐ Mottling ☐ Seeps or Pounded Water ☐ Bedrock ☐ Fractures ☐ Coarse Fragments

☐ Perc. Rate ☐ Slope ☐ Unstabilized Fill ☐ Floodway ☐ Other _____

SOILS DESCRIPTION:

Soils Description Completed by: The Sewage Enforcement Officer Date: 11/20/2020

Inches	Description of Horizon
<u>0</u> TO <u>6</u>	<u>DKBr, Silo, Gran, Fri, C</u>
<u>6</u> TO <u>27</u>	<u>Br, Silo, LSK, Fri, c</u>
_____ TO _____	<u>Nothing @ 27"</u>
_____ TO _____	_____
_____ TO _____	_____
_____ TO _____	_____

PERCOLATION TEST:

Percolation Test Completed by: Percolation Test Company LLC Date: 11/22/2020

Weather Conditions: ☒ Below 40°F ☐ 40°F or above ☐ Dry ☐ Rain, Sleet, Snow (last 24 hours)

Soil Conditions: ☐ Wet ☐ Dry ☐ Frozen

Hole No.	***		Reading Interval	Reading No. 1:	Reading No. 2:	Reading No. 3:	Reading No. 4:	Reading No. 5:	Reading No. 6:	Reading No. 7:	Reading No. 8:
	Yes	No		Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop
1	x		10/30	1	1	1	1				
2	x		10/30	1 3/4	1 3/4	1 1/2	1 1/2				
3	x		10/30	1/2	1/2	3/8	3/8				
4	x		10/30	1 1/2	1 1/4	1 1/4	1 1/4				
5		x	10/30	2	1 1/4	1 1/4	1	1			
6		x	10/30	2 1/4	2	2	2				

***Water remaining in the hole at the end of the final 30-minute presoak? Yes, use 30-minute interval; No, use 10-minute interval.

Calculation of Average Percolation Rate:

Hole No.	Drop during final period	Perc. Rate as Minutes/Inch	Depth of Hole
1	<u>1</u> "	<u>30</u>	<u>36</u> "
2	<u>1 1/2</u> "	<u>20</u>	<u>36</u> "
3	<u>3/8</u> "	<u>80</u>	<u>36</u> "
4	<u>1 1/4</u> "	<u>24</u>	<u>36</u> "
5	<u>1</u> "	<u>10</u>	<u>36</u> "
6	<u>2</u> "	<u>5</u>	<u>36</u> "
TOTAL OF MIN / IN →		<u>169</u>	= <u>36</u>
TOTAL NO. OF HOLES →		<u>6</u>	

The information provided is the true and correct result of tests conducted by me, performed under my personal supervision, or verified in a manner approved by the Department of Environmental Protection (DEP).

(S) _____
 Sewage Enforcement Officer (SEO)

☐ White - Local Agency

☐ Pink - Local DEP Office

☐ Yellow - Applicant

**SITE INVESTIGATION AND PERCOLATION
 TEST REPORT FOR ONLOT DISPOSAL OF SEWAGE**

INSTRUCTIONS FOR COMPLETION OF THIS FORM ARE LOCATED ON THE REVERSE SIDE

Application No. 11111-11-11111 Municipality _____ County _____

Site Location _____ Subdivision Name _____

☒ SUITABLE Soil Type _____ Slope _____% Depth to Limiting Zone _____ Ave. Perc. Rate 28.17

☐ UNSUITABLE ☐ Mottling ☐ Seeps or Pounded Water ☐ Bedrock ☐ Fractures ☐ Coarse Fragments

☐ Perc. Rate ☐ Slope ☐ Unstabilized Fill ☐ Floodway ☐ Other _____

SOILS DESCRIPTION:

Soils Description Completed by: The Sewage Enforcement Officer Date: 11/20/2020

Inches	Description of Horizon
<u>0</u> TO <u>6</u>	<u>DKBr, Silo, Gran, Fri, C</u>
<u>6</u> TO <u>27</u>	<u>Br, Silo, LSK, Fri, C</u>
<u>27</u> TO <u>84</u>	<u>Var, Silo, Gran, Ø, A BoP</u>
_____ TO _____	<u>0-7 DKBr, L, gr, fri, C</u>
_____ TO _____	<u>7-27 Br, Silo, LSK, Fri, C</u>
_____ TO _____	<u>27-84 Var, Gr, SL, Ø, A BoP</u>
_____ TO _____	_____
_____ TO _____	_____

PERCOLATION TEST:

Percolation Test Completed by: Percolation Test Company LLC Date: 11/22/2020

Weather Conditions: ☒ Below 40°F ☐ 40°F or above ☐ Dry ☐ Rain, Sleet, Snow (last 24 hours)

Soil Conditions: ☐ Wet ☐ Dry ☐ Frozen

Hole No.	***		Reading Interval	Reading No. 1:	Reading No. 2:	Reading No. 3:	Reading No. 4:	Reading No. 5:	Reading No. 6:	Reading No. 7:	Reading No. 8:
	Yes	No		Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop
1	x		10/30	1	1	1	1				
2	x		10/30	1 3/4	1 3/4	1 1/2	1 1/2				
3	x		10/30	1/2	1/2	3/8	3/8				
4	x		10/30	1 1/2	1 1/4	1 1/4	1 1/4				
5		x	10/30	2	1 1/4	1 1/4	1	1			
6		x	10/30	2 1/4	2	2	2				

***Water remaining in the hole at the end of the final 30-minute presoak? Yes, use 30-minute interval; No, use 10-minute interval.

Calculation of Average Percolation Rate:

Hole No.	Drop during final period	Perc. Rate as Minutes/Inch	Depth of Hole
1	<u>1</u> "	<u>30</u>	<u>36</u> "
2	<u>1 1/2</u> "	<u>20</u>	<u>36</u> "
3	<u>3/8</u> "	<u>80</u>	<u>36</u> "
4	<u>1 1/4</u> "	<u>24</u>	<u>36</u> "
5	<u>1</u> "	<u>10</u>	<u>36</u> "
6	<u>2</u> "	<u>5</u>	<u>36</u> "
TOTAL OF MIN / IN →		<u>169</u>	= <u>36</u>
TOTAL NO. OF HOLES →		<u>6</u>	

The information provided is the true and correct result of tests conducted by me, performed under my personal supervision, or verified in a manner approved by the Department of Environmental Protection (DEP).

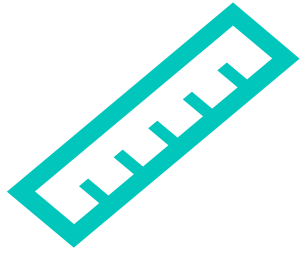
(S) _____
 Sewage Enforcement Officer (SEO)

☐ White - Local Agency

☐ Pink - Local DEP Office

☐ Yellow - Applicant

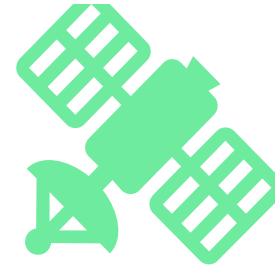
Purpose and Requirements: Site Testing



Measurements

Ensure measurements taken are consistent with allowing 72.26 Verification of Prior Testing.

Two nonparallel measurements from permanent landmarks for pits and perc location.



Technological improvements

iPhone Measure Tool (among similar apps for android)

GPS

Drones

- We do not use as sometimes a touchy topic with air space.

Purpose and Requirements: Site Testing



Our practices / aspirations:

Research the property and surroundings history before testing.

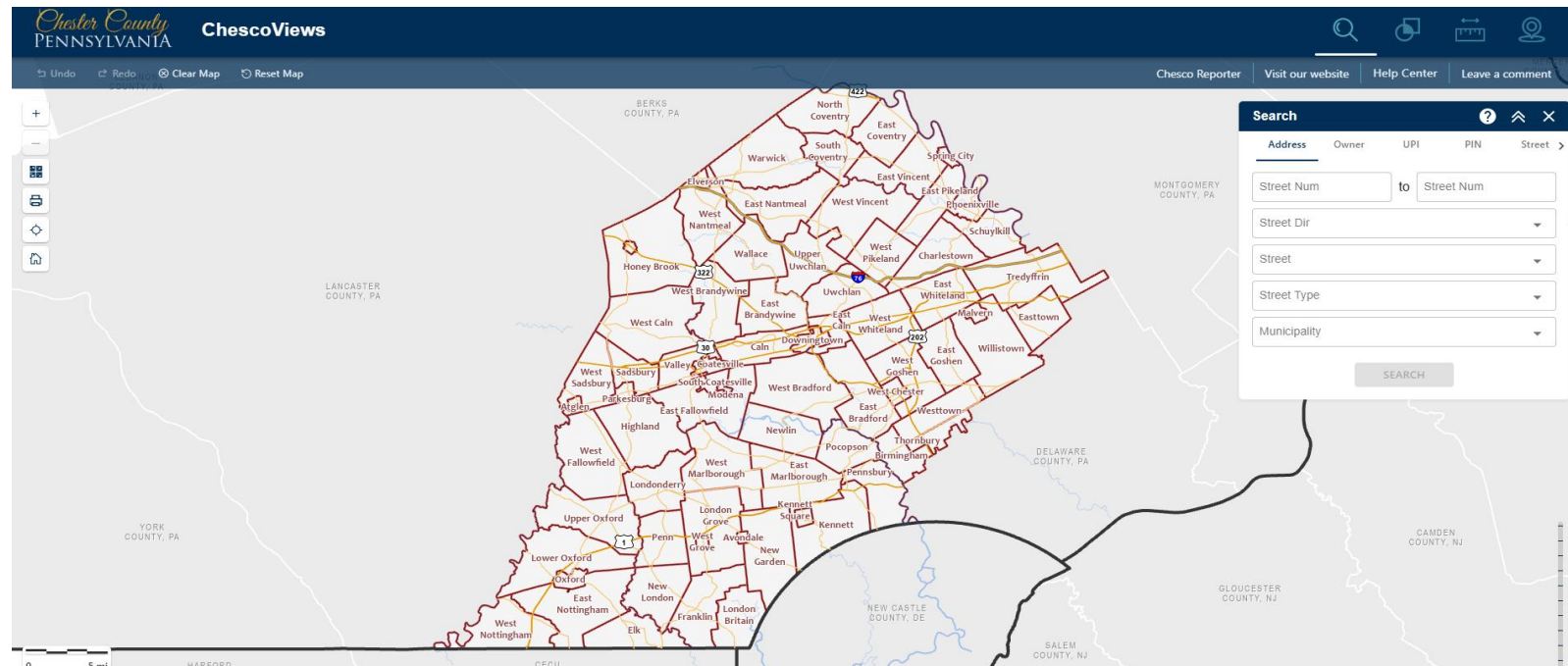
At a minimum we have 2 test pits for every absorption area.
(typically, catty cornered)

Provide copy of documentation to consultant/owner

Working towards an automatic notification system for DEP.

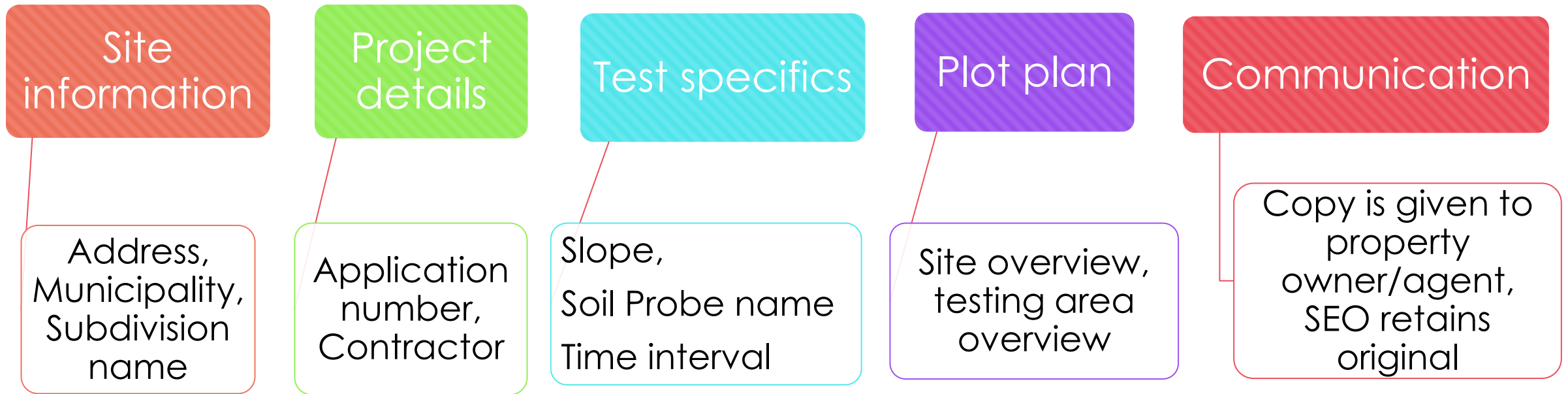
Testing Map

- Google earth
 - Updated with new images
 - Access to historical images
- Chescoviews or equivalent
 - UPI/ tax parcel
 - Measure tool
 - Municipality
 - Lot size



[illegible]

Perc Form CCHD Example





Chester County Health Department
Soil Evaluation Field Report

Name _____ Subdivision _____
Location _____ Municipality _____
One-Call Serial No. _____ Call Date _____
Contractor _____

Lot # _____ Test Pit # _____ Application # _____ Slope % _____

Soil Log

_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____

Limiting Zone is _____ inches due to _____ Perc at _____ inches

Mottling due to: :Perched/High Water

Confirmation Pit Limiting Zone _____

☐ Do NOT Perc Site Unsuitable

Soil Profile Similar _____

Site Plan

Comment _____

I, the undersigned, the (agent for) OWNER do hereby acknowledge receipt of notice from the Chester County Health Department's completion of percolation testing in connection with the above captioned sewage permit application number, said notice is given by said Department in accordance with 35 P.S. 750.7(b)(8) Et Seq. I further acknowledge that all test holes must be backfilled within (3) three days of the date of this notice.

Enforcement Officer _____

Date _____

Received by _____

Rev 9/11/08



Chester County Health Department
Pre-Soak and Perc Form

Name _____ Application # _____

Subdivision _____ Municipality _____

Location _____ Contractor _____

Test Pit _____ Lot # _____ Slope % _____

Initial Presoak was checked on: _____ Holes were dug at depth(s) of: _____ inches

and appeared to be properly prepared and presoaked.

Enforcement Officer Signature _____

Hole Depth	Remaining Water	PS1	PS2	1	2	3	4	5	6	7	8	Time Interval
1												30/10 min
2												30/10 min
3												30/10 min
4												30/10 min
5												30/10 min
6												30/10 min
7												30/10 min
8												30/10 min
9												30/10 min

Site Plan

I, the undersigned, the (agent for) OWNER do hereby acknowledge receipt of notice from the Chester County Health Department's completion of percolation testing in connection with the above captioned sewage permit application number, said notice is given by said Department in accordance with 35 P.S. 750.7(b)(8) Et Seq. I further acknowledge that all test holes must be backfilled within (3) three days of the date of this notice.

Enforcement Officer _____

Date _____

Received by _____

Rev 4/14/11

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 <input type="checkbox"/> Home/Work <input type="checkbox"/> Preferred <input type="checkbox"/> Cell <input type="checkbox"/> 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: <input type="checkbox"/> Single-family Residential <input type="checkbox"/> Multi-family Residential <input type="checkbox"/> System or Component Modification <input type="checkbox"/> Commercial/Non-residential # of Bedrooms: _____ Design Flow: _____ gal/day
6. Type of Permit: <input type="checkbox"/> New Construction <input type="checkbox"/> System or Component Repair <input type="checkbox"/> System or Component Modification <input type="checkbox"/> BTG (use only with repair)	
7. Facility Water Supply: <input type="checkbox"/> Public Authority <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Surface	
8. Distance to the Nearest Water Supply (existing or proposed as listed in # 7, on or off the property): _____ ft. <input type="checkbox"/> Well Isolation Distance Exemption	
9. Chapter 102 Requirements: Permit or coverage under Chapter 102 Erosion and Sedimentation Control: <input type="checkbox"/> Required <input type="checkbox"/> Obtained	
PART II. LOCAL AGENCY USE ONLY	
10. Sewage Planning <input type="checkbox"/> Approved Planning Module DEP Code #: _____ Date: _____/_____/_____ <input type="checkbox"/> No Planning Required (not created before May 16, 1972) <input type="checkbox"/> Area Not Planned (not created between May 15, 1972 and June 10, 1989) <input type="checkbox"/> Limitations in Effect: _____	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 BWSIS only) (see 25 Pa. Code § 73.163): _____ <input type="checkbox"/> Unsuitable for an on-lot sewage system. Reason: _____ _____ _____
11. Fees Paid Application \$ _____ Testing \$ _____ Inspection(s) \$ _____ Other \$ _____ Total \$ _____	13. Application Actions and Dates <input type="checkbox"/> Application Received _____/_____/_____ <input type="checkbox"/> Complete Application _____/_____/_____ <input type="checkbox"/> Permit Issued _____/_____/_____ <input type="checkbox"/> Permit Denied _____/_____/_____ <input type="checkbox"/> Interim Inspection _____/_____/_____ <input type="checkbox"/> Interim Inspection _____/_____/_____ Final Inspection: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____/_____/_____ <input type="checkbox"/> Revoked Permit Reason for Revocation: _____ _____/_____/_____ _____/_____/_____

○ DEP Permit Application

○ Ensure it is completed as much as possible even in non-SEO sections.

○ Examples:

○ Water source

○ Signatures

○ Correct site information

○ Flow is consistent with planning

○ If not, might require a planning application mailer to note the deviation in the approved plan.

Purpose and Requirements: Design Submissions

PART III. SYSTEM DESIGN		
14. System or Component Classification <input type="checkbox"/> Conventional <input type="checkbox"/> Experimental <input type="checkbox"/> Alternate Classification #A _____ Classification #B _____ Classification #C _____		
15. Treatment/Tankage <input type="checkbox"/> Septic Tank _____ gal. <input type="checkbox"/> Aerobic Tank _____ gal. <input type="checkbox"/> Holding Tank _____ gal. <input type="checkbox"/> Equalization Tank _____ gal. <input type="checkbox"/> Privy Vault _____ gal. <input type="checkbox"/> Nitrogen Reduction _____ gal. <input type="checkbox"/> Other (list) _____ gal.		
16. Type of Filter <input type="checkbox"/> Buried Sand (IRIS only) <input type="checkbox"/> Free Access (IRIS only) <input type="checkbox"/> Other Media _____ <input type="checkbox"/> Effluent _____		
17. Type of Disinfection Does the system use disinfection? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____		
18. Effluent Distribution <input type="checkbox"/> Pressure <input type="checkbox"/> Pump (Electric) <input type="checkbox"/> Pump (Pneumatic) <input type="checkbox"/> Siphon		
19. Absorption Area Absorption Area Size: _____ sq. ft. <input type="checkbox"/> Elevated Sand Mound Beds <input type="checkbox"/> Elevated Sand Mound Trenches <input type="checkbox"/> Standard Trench <input type="checkbox"/> Seepage Bed <input type="checkbox"/> IRIS <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Other _____		
20. Other Toilets <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Composting Toilet <input type="checkbox"/> 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 Plans - 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 complies 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.

○ DEP Permit Application

○ Ensure all SEO specific fields are completed accurately.

○ Examples:

○ Design sizing

○ Planning number

○ Alternate Listing number

○ Received and issued dates

Purpose and Requirements: Design Submissions

Purpose and Requirements: Design Submissions

- Standardize Design Forms
 - All designs are consistent
 - Required information is hard to miss
 - More effective field reference
 - Finding information in historic permits is easier
 - Designed to be more understandable to non-industry people

6) Absorption Area: Stone Aggregate Systems

Trenches: Number _____ Length _____ ft. Width _____ ft.

(73.52) Distribution Box (Y/N) _____ Space between trenches _____ ft.

Beds: Number _____ Length _____ ft. Width _____ ft.

(73.53) Space between beds _____ ft.

Length of Header Pipe _____ ft. Diameter _____ in.

Length of Manifold _____ ft. Diameter _____ in.

7) All Absorption Areas:

Depth of Absorption Area: _____ inches upslope _____ inches downslope

Number of Laterals _____ Distance between laterals _____ ft.

Length of Laterals _____ ft. Pipe Type _____ Diameter _____ in.

Distance between laterals and sidewalls _____ ft.

Distance between header pipes/lateral ends and endwalls _____ ft.

Lateral slope: Must be level

Type of Aggregate: _____ Depth under lateral _____ in.

Depth over lateral _____ in.

Aggregate covered by: Hay/Straw ☐ Paper ☐

Geotextile ☐ Other (specify) _____

Chamber Type _____ Chamber Rating _____ # of Chambers _____

8) Sand Systems: Depth of Sand _____ in. Supplied by: PA DEP Approved Source (73.55 (c))

9) The absorption area(s) and treatment tank(s) must meet the isolation distance requirements of Section 73.13 (a through e). If not, the proper release agreement must be recorded and attached. (applies only to repairs)

Any changes in the location, size or other design aspects of this system require prior approval by this department.

Note: *Two (2) copies of this form and all other design forms must be submitted

*Upon notification of completion, this Department has 72 hours from the reported completion time to make an inspection. To facilitate inspections, the contractor should call this Department 24 hours in advance of completion.

All References are to Title 25, Chapter 73: Standards for Sewage Facilities.

Prepared by: _____ Approved by: _____

Designer CCHD

Designer's Phone Number _____

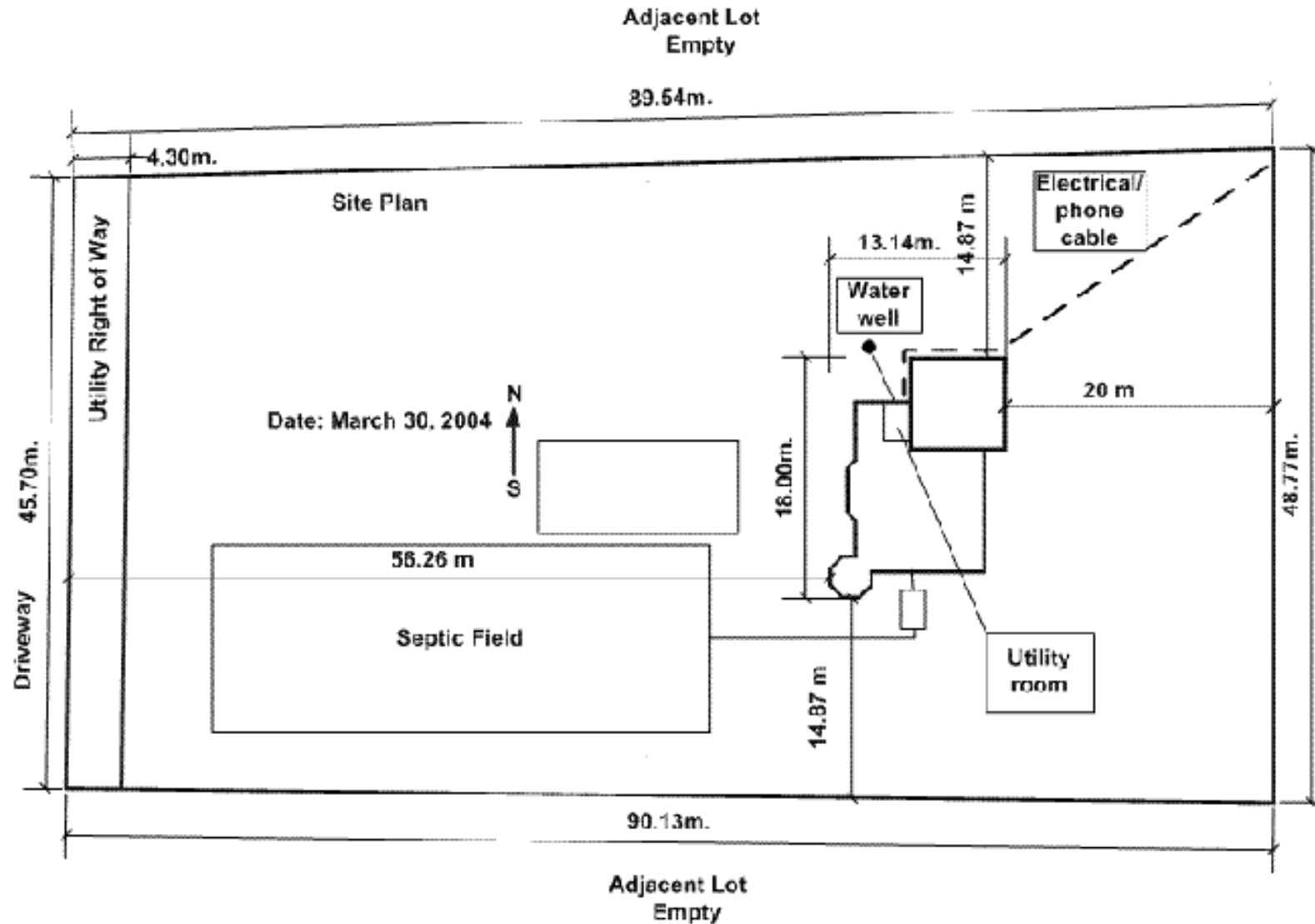
Print

Rev.: 3/19/18

Purpose and Requirements: Design Submissions Errors

- Lacking specificity:
 - Example: writing 2B vs AASHTO 57
 - Had instances where an owner orders stone and states just 2B and somehow the sieve analysis showed it did not meet the requirements.
 - Example: Plot plans and Sewage “Boxes”
 - Ensure designers do not slap an arbitrary box on a plot plan to show where the sewage goes. **Especially for planning!** Make sure the system can fit in the space reasonably. A lot of time we find those boxes are not anywhere close to the actual size required. If a plan is designed for a tight system, this can be an issue.

Site plan



Purpose and Requirements: Design Submissions Errors

- Lazy Design:
 - Example: When a previous system design is used, and the pump or design information is not updated. Once I had a standard inground with 24" of sand.
- Something New:
 - Example: A new tank is being proposed within your area. Does this new tank meet state requirements? If you have difficulty determining, who can you turn to?

Purpose and Requirements: Design Submissions Errors

- DEP notification Post Planning:
 - Example: The owner is switching from a hairdresser to a restaurant, you should notify DEP that the approved module needs to be amended due to the change in establishment.
- Scale
 - Scale bar is not correct
- Legibility
 - The tenured photocopy (same spec sheet for every design)

Purpose and Requirements: Inspections/Post Construction

- Provides clear information describing the installation
 - Can be used in court to argue the correct procedures were followed
 - Can be used to troubleshoot potential issues / understand how to locate system. (Shouldn't probe chambers)
- Information is kept with the SEO and a copy given to the owner
- Agreements should be signed for specific alternate listings or municipal requirements



Chester County Health Department

Inspection Addendum

Date: _____ Application #: _____
 Applicant: _____
 Site Address: _____
 Municipality: _____
 EHS Name: _____ EHS Phone #: _____

If item is checked, inspection is required

	Date Inspected
<input type="checkbox"/> Prior to start of any construction, the primary and replacement absorption areas must be roped off to protect from vehicles and construction equipment	_____
<input type="checkbox"/> Trenches/beds staked out and inspected prior to any excavation	_____
<input type="checkbox"/> Soil moisture check before any scarification	_____
<input type="checkbox"/> Scarification	_____
<input type="checkbox"/> Excavation of system (bottom of bed or each trench)	_____
<input type="checkbox"/> Sand specifications and weight slips	_____
<input type="checkbox"/> Sand placement	_____
<input type="checkbox"/> Construction of berm	_____
<input type="checkbox"/> Placement of: _____	_____
<input type="checkbox"/> Placement of treatment tank(s)	_____
<input type="checkbox"/> Installation of pump tank	_____
<input type="checkbox"/> _____ installation	_____
<input type="checkbox"/> Installation of D-box	_____
<input type="checkbox"/> Designer inspection/report required (slopes 15-25%)	_____
<input type="checkbox"/> Pressure test/alarm test/electrical connections	_____
<input type="checkbox"/> Finished grade and seeding	_____
<input type="checkbox"/> As-Built (2 signed and dated copies on 8.5" x 11" paper)	_____
<input type="checkbox"/> Other: _____	_____

Inspections will only be conducted at the time of the scheduled appointment. Appointments must be confirmed with the Department. No part of a system may be covered until final inspection is completed and written approval given.

The Department has 72 hours from the reported completion time to inspect each installation phase.

Failure to comply with the above inspections may result in delay or revocation of your sewage permit

5/1/2022

CHESTER COUNTY HEALTH DEPARTMENT
 601 Westtown Rd., Ste. 288
 P.O. Box 2747
 West Chester, PA 19380-0990
 (610) 344-6526 or 6688

SEWAGE SYSTEM / WELL INSPECTION FORM

Name: _____ Application #: _____ Partial ☐
 Subdivision: _____ Lot #: _____ Approved ☐
 Location: _____ Not Approved ☐
 (see reasons below)
 Township: _____ Contractor #: _____

THE FOLLOWING CHECKED ITEMS APPEAR TO MEET CCHD'S RULES AND REGULATIONS AT THIS TIME:

<input type="checkbox"/> CLEAN OUT _____	<input type="checkbox"/> WELL: _____
<input type="checkbox"/> BUILDING SEWER _____	<input type="checkbox"/> LOCATION _____
<input type="checkbox"/> TREATMENT TANK _____	<input type="checkbox"/> CASING _____
<input type="checkbox"/> INSPECTION PORT _____	<input type="checkbox"/> ISOLATION DISTANCES _____
<input type="checkbox"/> PUMP/DOSING TANK _____	<input type="checkbox"/> VERMIN-RESISTANT CAP _____
<input type="checkbox"/> PUMP/SYPHON _____	<input type="checkbox"/> TREATMENT UNIT IN USE _____
<input type="checkbox"/> ELECTRICAL CONTROLS _____	<input type="checkbox"/> TYPE _____
<input type="checkbox"/> HIGH LEVEL ALARM _____	
<input type="checkbox"/> DELIVERY LINE _____	
<input type="checkbox"/> DISTRIBUTION BOX _____	
<input type="checkbox"/> ABSORPTION AREA _____	
<input type="checkbox"/> SAND ANALYSIS _____	
<input type="checkbox"/> PRESSURE DOSING TEST _____	
<input type="checkbox"/> BERM _____	
<input type="checkbox"/> FINAL GRADE _____	
<input type="checkbox"/> OTHER (SPECIFY) _____	
<input type="checkbox"/> THE CONTRACTOR WAS/WAS NOT READY FOR INSPECTION AS SCHEDULED.	

CONTACT HEALTH DEPARTMENT FOR REINSPECTION OF:

COMMENTS:

☐ SEWAGE DISPOSAL SYSTEM APPEARS TO MEET CCHD RULES AND REGULATIONS AT THIS TIME.
☐ ABSORPTION AREA MUST BE COVERED WITHIN FIVE (5) DAYS (WEATHER PERMITTING).
☐ WELL APPEARS TO MEET ALL CCHD RULES AND REGULATIONS AT THIS TIME.

ENFORCEMENT OFFICER

DATE

RECEIVED BY

Purpose and Requirements: Inspections/Post Construction



Educate the owner on maintenance and best practices

Provide handouts for assistance.



Store the documentation for future reference if ever needed.

Electronic is recommended



What we do

Digitize permits

- Phone or scanner

Working on/created a self look-up portal for individuals to find their own permits. (Should be live in 2025)

Benefits of Effective Record Keeping



More effective communication

Easy to share details of a project when they are recorded clearly



Saves time sorting through projects

Avoid relying on memory too heavily



Professionalism / optics

Providing a product, make it a quality one.



Supportive reference materials

Accurate and detailed reports are reference materials for the future of the project.



Questions

Session Summary



**Know the Regional
DEP office and
specialist,
municipal official,
and
manufacturing
representative**



**The purpose and
requirements of**

- 1. Initial applications**
- 2. Soil testing reports**
- 3. Design submission**
- 4. Inspection forms
and post construction
forms**



**Benefits of
effective record
keeping**



**The purpose of
everything
mentioned today
is to facilitate
effective
communication
among all parties.**

