



COOLBAUGH TOWNSHIP Sewage Enforcement Officer

5520 Municipal Drive, Tobyhanna, PA 18466
570-894-8490 Fax 570-894-8413
www.coolbaughtwp.org

Dear Applicant:

Enclosed, please find an application for a sewage disposal system permit. Please read the following instructions prior to completing this form.

1. **Complete all the information required in Part I (numbers 1-9).** This is general applicant and site information. It is very important this information be completed entirely.
2. In Number 5, check the box for “Single-Family Residential” if the system will serve a private residence, then indicate the number of bedrooms in the home. Check “Multi-Family Residential” or “Commercial/Non-residential” as appropriate, if other than a single-family residence. Indicate the calculated sewage flow, in gallons per day, using the estimated flows listed in 25 Pa. Code §73.17.
3. In Number 6, check the box for “New Construction” only if there has never been any type of sewage system on the property. All other permit activity is classified as either “System or Component **Repair**” or “System or Component **Modification**.”
4. The property owner must sign and date the application in Part IV, Number 12. **Applications not signed will be returned.** If the applicant is not the listed owner of record for the property, provide proof that the person signing the application is the property owner’s authorized agent. If the application is submitted in a buyer’s name, a copy of the agreement of sale illustrating the applicant as the buyer shall be provided. If a corporation is involved, articles of incorporation may also be required.

NOTE: High water consumption devices, whirlpools, garbage disposals, seasonal or short-term rentals, large numbers of people, incorrectly reporting the number of bedrooms, etc., can and will lead to system malfunction. It is important to take these situations into account to ensure that your system is sized correctly.

5. The application fee for a sewage permit is \$300.00. If percolation testing is also proposed, an additional fee of \$300.00 is required. All checks shall be made payable to “Coolbaugh Township.” Payment can also be made online on the Township’s website at www.Coolbaughtwp.org. If paying online, please select “septic permit” from the drop-down menu and indicate the property address, lot number, or property pin number in the Notes section of the payment window so your payment can be properly applied to your application.
6. If available, provide a copy of the survey plot plan for the property along with the application.
7. It is your responsibility to contact a contractor or excavator to excavate the soil probes and conduct the percolation test on your property. Your contractor must coordinate with the Sewage Enforcement Officer throughout this process.
8. After suitable soil testing has been completed on your property, you must have a septic design prepared before a permit may be issued. At this time, the four (4) corners of the proposed absorption area must also be staked on the property.



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9. Three (3) copies of the design must be submitted to Coolbaugh Township. A suitability letter will not be issued; therefore, it is advisable to have your design prepared and submitted as soon as possible after soil testing is complete. Alternatively, it is advisable that you obtain the services of a Professional Land Surveyor to locate the soil testing on your property. Property surveys with soil testing located should be submitted to Coolbaugh Township for record-keeping purposes.
10. Once the design has been reviewed and approved, a permit will be issued for the installation of an onlot sewage disposal system on your property. Inspection fees totaling \$300.00 must be submitted prior to construction. A septic permit is valid for three (3) years from the date of issuance. If construction of the system and the structure to be served by the system has not commenced within this time period, the permit will expire, and a new permit must then be obtained.

If you have any questions regarding this process, please do not hesitate to contact this office.

Sincerely,

Hanover Engineering Associates, Inc.



**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 <input type="checkbox"/> Home/Work _____ Preferred <input type="checkbox"/> 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: <input type="checkbox"/> Single-family Residential <input type="checkbox"/> Multi-family Residential <input type="checkbox"/> System or Component Repair <input type="checkbox"/> Commercial/Non-residential <input type="checkbox"/> System or Component Modification <input type="checkbox"/> BTG (use only with repair) # of Bedrooms _____ Design Flow _____ gal/day		
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 (lot created before May 15, 1972) <input type="checkbox"/> Area Not Planned (lot 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 _____ _____	Percolation Rate _____ min/in. <input type="checkbox"/> Percolation Testing Not Conducted <input type="checkbox"/> Soil Morphological Evaluation <input type="checkbox"/> Additional Hydrologic Testing <input type="checkbox"/> Groundwater Mounding Study <input type="checkbox"/> Hydraulic Conductivity Test <input type="checkbox"/> Other: List _____ Site is: <input type="checkbox"/> Suitable for the following system types: _____ _____	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 ____/____/____
11. Fees Paid Application \$ _____ Testing \$ _____ Inspection(s) \$ _____ Other \$ _____ Total \$ _____	Depth to Limiting Zone _____ inches Land Use (for IRSIS only) _____ (see 25 Pa. Code § 73.163)	<input type="checkbox"/> Unsuitable for an on-lot sewage system. Reason: _____ _____	
<input type="checkbox"/> Revoked Permit ____/____/____ Reason for Revocation: _____			

PART III. SYSTEM DESIGN		
14. System or Component Classification <input type="checkbox"/> Conventional <input type="checkbox"/> Experimental <input type="checkbox"/> Alternate Classification #A _____ - _____ - _____ Classification #A _____ - _____ - _____ Classification #A _____ - _____ - _____	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 (IRSI only) <input type="checkbox"/> Free Access (IRSI 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 <input type="checkbox"/> Gravity	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"/> IRSIS <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 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.