SALISBURY TOWNSHIP, LANCASTER COUNTY

PROPOSED ON-LOT SEWAGE TREATMENT FACILITY DESIGN DATE: _____

NAME: _____

PROPERTY ADDRESS: _____

PLANNING MODULE: YES ____ Approval Date: _____ NO _____

LOT OF RECORD (Before May 15, 1972) _____ Copy of Deed for Verification _____
REPAIR _____ BTG Approval _____

AVE. PERC RATE: _____ DEPTH TO LIMITING ZONE: _____ TYPE OF L.Z. _____

SINGLE FAMILY RESIDENTIAL: YES _____ NO _____ NO. OF BEDROOMS _____

COMMERCIAL: YES _____ NO _____ GPD PER 73.17 _____

GPD PROPOSED: _____

SQUARE FEET OF AGGREGATE REQUIRED PER GPD PER CHAPTER 73: _____

PROPOSED AGGREGATE AREA SQ. FT.: _____

SYSTEM TYPE

SEEPAGE BED _____ ALTERNATE SYSTEM _____ DEP APPROVAL _____
STANDARD TRENCH _____ EXPERIMENTAL SYSTEM _____ DEP APPROVAL _____
SUBSURFACE SAND FILTER BED _____
SUBSURFACE SAND FILTER TRENCH _____ DENTIFRIFICATION _____ AT GRADE _____
ELEVATED SAND MOUND _____ DRIP IRRIGATION _____
ELEVATED SAND MOUND TRENCH _____ SPRAY IRRIGATION _____

SEPTIC TANKS (ATTACH SPECS.)

NO. OF TANKS PROPOSED: _____ 1st COMPARTMENT OR TANK: _____ GALS.

2nd COMPARTMENT OR TANK: _____ GALS.

A maximum 4-inch diameter inspection port with sealed cover installed to grade is required. Access to tanks shall have a minimum inside dimension of twenty inches extended at a minimum to within twelve (12) inches of final grade.

FILTRATION: In Tank: _____ Filtration Type: _____ After Tank: _____ Filtration Type: _____

ABSORPTION AREA (ATTACH DESIGN)
DISTRIBUTION BOX (Y/N) _____ Speed Levelers (Y/N) _____

TRENCHES: NUMBER: _____ LENGTH _____ WIDTH _____
DISTANCE BETWEEN TRENCHES: _____

BEDS: NUMBER: _____ LENGTH _____ WIDTH _____

LENGTH OF LATERALS: _____ DIAMETER: _____

LENGTH OF MANIFOLD: _____ DIAMETER: _____

LIFT PUMP: Dosing Tank: _____ gallons precast with a warning device registering when the tank has exceeded _____ gallons.

Dosing Cycle: Pump shall be set to deliver _____ gallons/dose.

Minimum pump capacity: _____ GPM at _____ TDH.

Lift Pump (Attach Spec Information)

Elevation difference: Lateral elevation: _____
Pump elevation at bottom of pump volute: _____
Elevation difference: _____

DOSE SYSTEM (WHERE APPLICABLE)

DOSING TANK: _____ gallons precast concrete with watertight manhole 20" square or 24" extended to final grade, and a warning device audible and visual, located at a conspicuous place, registering when the tank has exceeded _____ gallons without the pump engaging.

DOSING CYLCE: Pump shall be set to deliver _____ gallons/dose.

MINIMUM PUMP CAPACITY _____ GPM at _____ TDH.

Elevation Differences: Lateral elevation _____
Pump elevation at bottom of pump volute _____
Elevation difference _____

DOSING PUMP (ATTACH SPEC INFORMATION): Pump Type: Elec. _____ Air: _____ Siphon: _____

PIPING Delivery pipe (size & type) _____
Manifold (size & type) _____
Laterals: Size & Type _____ Hole size _____
# of holes _____ Total flow _____

ATTACHMENTS

1.	PLOT PLAN	_____	6.	SEPTIC TANK SPECS	_____
2.	SYSTEM DESIGN	_____	7.	PUMP SPECS	_____
3.	PUMP TANK SPECS	_____	8.	CALCULATIONS	_____
4.	PERMIT APPLICATION	_____	9.	SOIL TESTING	_____
5.	MAINTENANCE AGREE.	_____	10.	DENIT. AGREEMENT	_____

SYSTEM DESIGNER

NAME: _____ SEO (Y/N) _____ NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

SYSTEM INSTALLER

NAME: _____ SEO (Y/N) _____ NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____