

PERMIT

for

INSTALLATION OF SEWAGE DISPOSAL SYSTEM

Pursuant to Application for Sewage Disposal System number <u>7-264857</u> a permit is hereby issued to: <u>Dingman # 22-185</u>
NAME OF APPLICANT <u>Foco Insurance</u>
ADDRESS OF APPLICANT <u>Po Box 1381 Milford, Pa 18337</u>
PROPERTY ADDRESS OF SITE FOR SEWAGE DISPOSAL SYSTEM <u>Focono Mountain Woodland Lakes - 1605</u>

This Permit issued under the provisions of the "Pennsylvania Sewage Facilities Act", the Act of January 24, 1966 (P.L. 1535), as amended is subject to the following conditions:

1. Except as otherwise provided by the Act or Regulations of Pennsylvania Department of Environmental Protection, no part of the installation shall be covered until inspected by the approving body and approval to cover is granted in writing below.
2. This Permit may be revoked for the reasons set forth in Section 7 (b) (6) of the Act.
3. If construction or installation of an individual sewage system or community sewage system and of any building or structure for which such system is to be installed has not commenced within 3 years after the issuance of a permit for such system, the said permit shall expire, and a new permit shall be obtained prior to the commencement of said construction or installation.

The approval of the attached site plan is for sewage permitting only. Approval should not be construed as a well permit nor any guarantee that a well may be located at the site shown.

Approval to Cover Granted:

Date of Issuance of Permit 11/15/22

Signature of Enforcement Officer

Dingman Township

Approving Body

Date

[Signature]
Signature of Enforcement Officer

This basis for the issuance of this Permit is the information supplied in the Application for Sewage Disposal System and other pertinent data concerning soil absorption tests, topography, lot size, and sub-soil groundwater table elevations. The permit only indicates that the issuing authority is satisfied that the installation of the Sewage Disposal System is in accordance with the Rules, Regulations, and Standards adopted by the Pennsylvania Department of Environmental Protection under the provisions of the Pennsylvania Sewage Facilities Act, the Act of January 24, 1966 (P.L. 1535), as amended. The issuance of a Permit shall not preclude the enforcement of other health laws, ordinances or regulations in the case of malfunctioning of the system.

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 Duncansville County Lyons
Site Location 1605 Amos Subdivision Name Home Mt. Lebanon L.S.
 SUITABLE Soil Type Sod Slope X % Depth to Limiting Zone 20 Ave. Perc. Rate _____
 UNSUITABLE Mottling Seeps or Poned Water Bedrock Fractures Coarse Fragments
 Perc. Rate Slope Unstabilized Fill Floodway Other _____

SOILS DESCRIPTION:

Soils Description Completed by: Charles W. Wood Date: 7/08/02

Inches	Description of Horizon
0 TO 5	100% 4/3 loam silty clay fine
5 TO 20	100% 5/4 silty loam w/ clay fine
20 TO 44	loam loess
TO _____	4" organic
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:	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
			10 / 30								
			10 / 30								
			10 / 30								
			10 / 30								
			10 / 30								
			10 / 30								

SEE ATTACHED

***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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

**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 DINGMAN TWP. County PIKE

Site Location LOT 1605 Subdivision Name PM WOODLAND LAKES

- SUITABLE Soil Type- _____ Slope _____ % Depth to Limiting Zone _____ Ave. Perc. Rate _____
- UNSUITABLE: Mottling Seeps or Ponded Water Bedrock Fractures Coarse Fragments
- Perc. Rate Slope Unstabilized Fill Floodplain Other _____

SOILS DESCRIPTION:

Soils Description Completed by: _____ Date: _____

Inches	Description of Horizon
0 TO _____	<p>SEE ATTACHED</p>
_____ TO _____	
_____ TO _____	
_____ TO _____	
_____ TO _____	
_____ TO _____	

PERCOLATION TEST:

Percolation Test Completed by: R. KRESNIK - PARIS PERK Date: 10-21-22

- 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	-		10 (30)	3 1/4	3 1/2	2	1 1/2	1 1/2	1 1/2	1 1/2	
2	-		10 (30)	1	1	7/8	1				
3	-		10 (30)	7/8	7/8	1	7/8				
4	-		10 (30)	7/8	7/8	7/8	7/8				
5	-		10 (30)	13/8	13/8	13/8	13/8				
6	-		10 (30)	3 7/8	3 7/8	2 1/2	2 1/2	2 1/4	2 1/2		

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

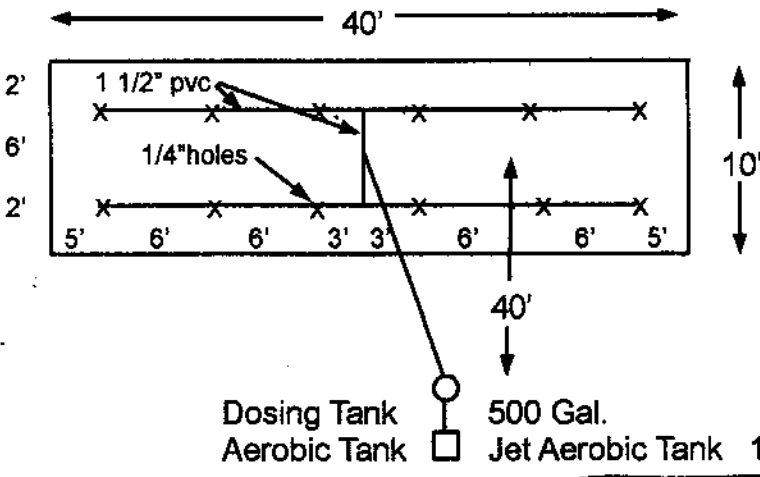
Calculation of Average Percolation Rate:

Hole No.	Drop during final period	Perc. Rate as Minutes/Inch	Depth of Hole
1	1 1/2 "	20	20 "
2	1 "	30	"
3	7/8 "	34.3	"
4	7/8 "	34.3	"
5	13/8 "	21.8	"
6	2 1/2 "	12	"
TOTAL OF MIN / IN →		152.4	= 25.4
TOTAL NO. OF HOLES →		6	

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 DEP.

(S) _____
Sewage Enforcement Officer

PM Woodland Lakes Lot 1605



Required Pump
12 Holes x 1.28 = 16 Gal/min

Head
5.00 depth to bottom of tank
4.80 depth due to slope
+ 2.33 sand depth
+ .50 gravel under manifold
12.63
+ 3.00 head to be maintained in lateral
15.63
+ 1.06 ft. of head due to friction
16.69

17' Total Head

Dosing Tank 500 Gal.
Aerobic Tank Jet Aerobic Tank 1200 Gal.

AEROBIC TANK

Ft of Head Due to Friction

90 elbows 45 elbows std. tee check valve coupling or quick disc.

$2(4.73) + 0(2.01) + 1(8.62) + 3(1.05) = 21.23$

+ 3.00 manifold

+ 40.00 pump to manifold

64.23

$64.23 \times \frac{1.65}{100} = 1.06$ (using 1 1/2" pvc)

Required Dose = ft. of laterals + delivery pipe + manifold
60 + 40 + 6 =

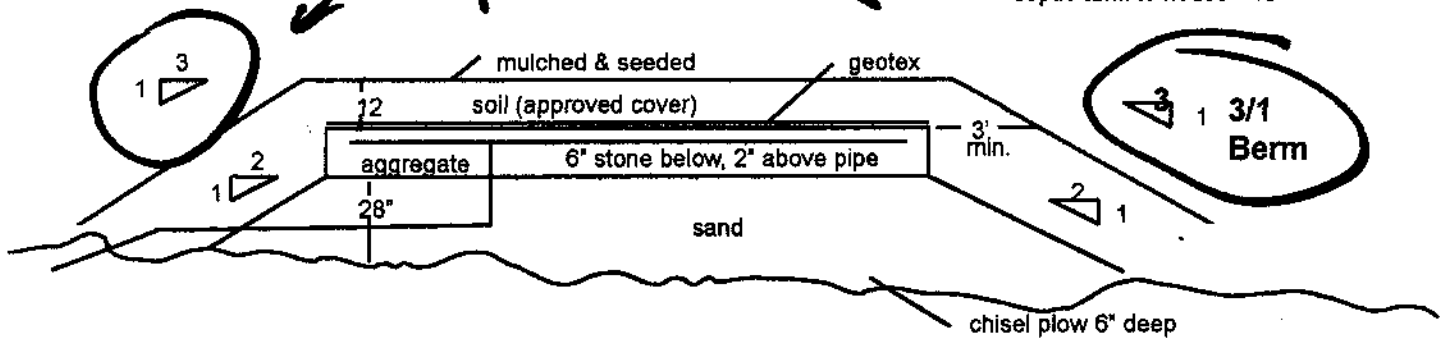
106
x .09
9.54
x 5
47.77

use min. dose = 100 gal

Limiting Zone = 20"
Required Sand = 28"

3 TO 1 BERM ALL 4 SIDES

MINIMUM ISOLATION DISTANCES
aggregate area to water wells - 100'
septic tank to water wells - 50'
aggregate area to house - 10'
septic tank to house - 10'



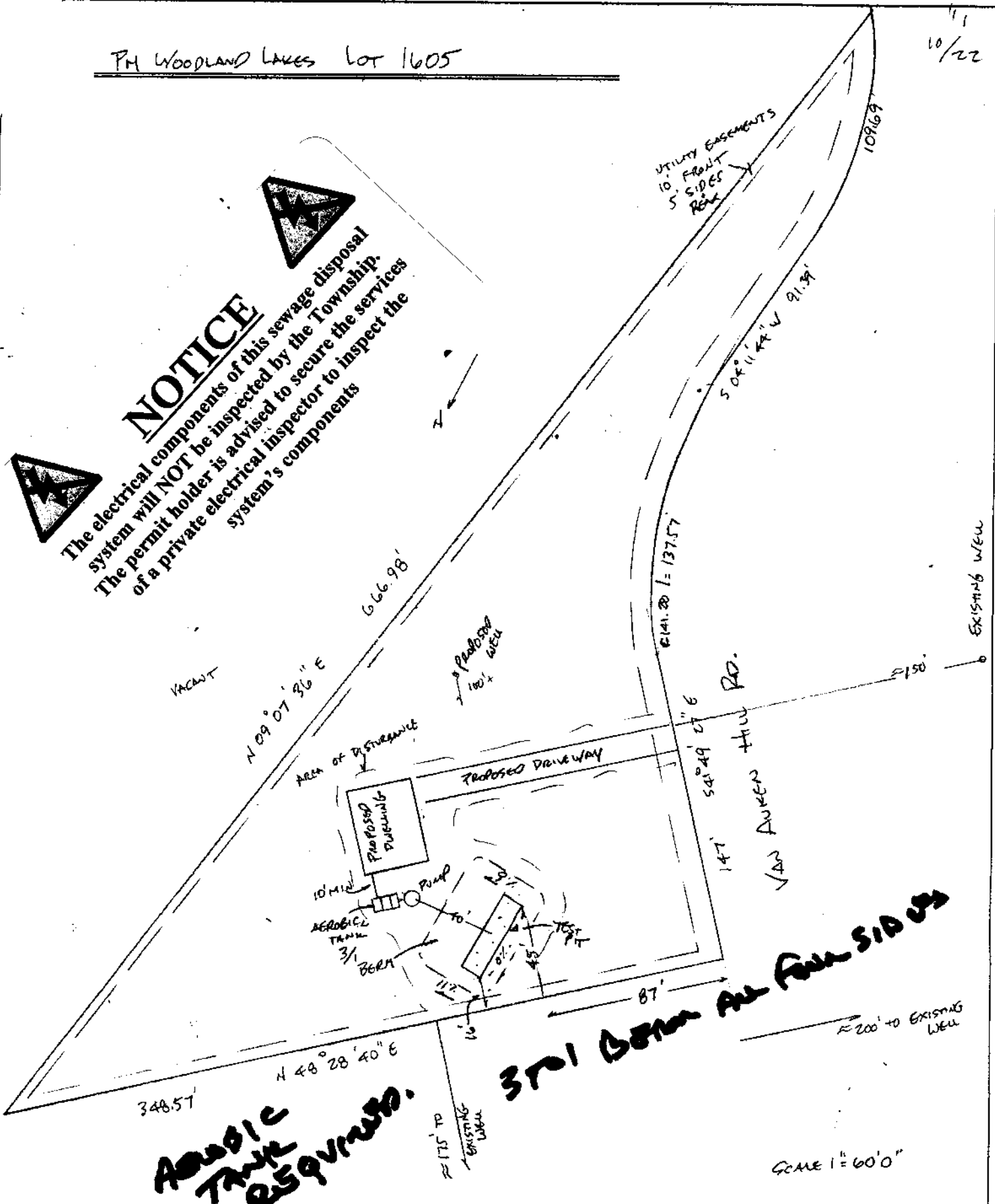
PH WOODLAND LAKES Lot 1605

11
10/22



NOTICE

The electrical components of this sewage disposal system will NOT be inspected by the Township. The permit holder is advised to secure the services of a private electrical inspector to inspect the system's components



Aerobic Tank Required.

370' Bern All Four Sides

1st call # 20223040144
For info call 1-800-242-1776

*Total disturbed area is less than 1 ac. (approx 17,000 sq ft)

RAND'S PERK & ENVIRONMENTAL SERVICES
413 Long Meadow Rd. Milford, PA 18337 570-828-2790