



# LOWRY

SERVICES

Check # 3873

PAID \$6,201

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Electric • Plumbing • Heating • Cooling  
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www.lowryservices.com - service@lowryservices.com

Customer Name: <u>Gloria Souder</u>		Phone # <u>0886</u>	
Address: <u>890 Eichele rd. Perkiomenville PA</u>		Incident # <u>2401157</u>	Date <u>1/15/24</u>
City: <u>Perkiomenville</u>	State: <u>PA</u>	Zip Code: <u>18074</u>	Technician: <u>Jim L.</u>
Deposit: <u>3,000</u> Balance to be paid on scheduled date of repairs <u>6,201</u>			
Payment: Cash <input type="checkbox"/> Check # <u>3872</u> Check # <u>    </u> FIN MC VISA DISC AMEX Auth # <u>    </u>			
<p><b>I authorize to proceed with the work:</b> I, The undersigned, am owner/authorized representative of the premises of the work being done. I hereby authorize Lowry Services to perform the recommendation's and use such labor and materials that you deem advisable. I have read this contract, including the terms and conditions and agree to be bound by all terms contained herein. All parts will be removed from the premises and discarded unless otherwise specified herein.</p> <p>Signature X <u>[Signature]</u> I hereby authorize you to proceed with the work at the fee of: Total \$ <u>9,201</u></p> <p>Payment due in full upon completion. You may cancel this transaction at any time. See the following notice of cancellation form to explain this right. Sewer line repair includes new trap or clean out with vent or cap terminating above the grade. This repair includes any necessary removal of concrete from the sidewalk or asphalt from the driveway. This repair does not include any concrete/asphalt repairs or replacement or landscaping. All permits, licenses, inspections and utility location fees are included. All new pipe installed by Lowry Services will be guaranteed to be free of workmanship defects for lifetime. The remainder of the sewer line will be left without warranty.</p>			

Summary of Findings Roots and Major grease build up in sewer main between home foundation and septic tank. Sewer is as clear/open as it will get.

Option 1 - Task #'s - Qty - Description of Work - Warranty

DR825 - 25' x 2" Ø Sewer Line Full Repair \$9,201

- Excavate from outside of home to including trap
- Remove whatever concrete walkway necessary
- Replace all sewer pipe in trench and inspect the rest
- Backfill trench soil to mound above grade
- Not responsible for repair of lawn, garden, landscape
- Not responsible for concrete walkway damage/repairs
- Includes permits, inspection, labor, materials

\$767/month

*Service Plan members save up to 25% off the standard rate and priority service*

Option 2 - Task #'s - Qty - Description of Work - Warranty

★ Warranty - Life Time/once Transferrable

on all new pipe, underground, installed by Lowry Services ★

*Service Plan members save up to 25% off the standard rate and priority service*

Option 3 - Task #'s - Qty - Description of Work - Warranty

Returning Thursday 1/18/24

for Repairs

*Service Plan members save up to 25% off the standard rate and priority service*

**Acceptance of work performed:** I acknowledge satisfactory completion of the above described work and that the premises have been left in satisfactory condition. I agree that the amount set forth in the above space marked total is the flat rate price I have agreed to.

Thank You For Choosing Lowry Services

Customers Signature: X [Signature] Date: 1/24/24

**CUSTOMER COPY**

# LOWRY

**SERVICES**  
ELECTRIC • PLUMBING • HEATING  
COOLING • DRAIN CLEANING  
GENERATORS

1-800-78-LOWRY  
www.lowryservices.com

Customer Gloria Sader

Dig Date 1-18-24

City-Township-Borough of: New Hanover

Option 1: A To B \$ 9,201

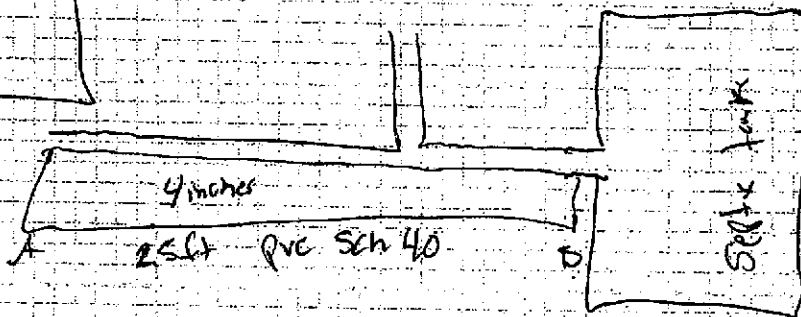
Option 2: \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Option 3: \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Minimum Deposit Required \$ \$3,000

System Technician: Jim

We are replacing 25 feet from front  
Foundation wall to septic tank.



I understand that Lowry offers a lifetime warranty to the portion of the main line replaced. I am (the customer) responsible for landscaping, reseeding, replanting, grass, plants, shrubs and trees, concrete and or black top repairs. I am aware of the risk (to the flora) of excavating near trees, shrubs and flowers. I am waiving the 3 day right to cancel because of a personal emergency (non functioning plumbing system). If I cancel the job after the permit has been paid to the city, township or borough by Lowry my deposit will not be refundable. I understand the above statements.

Customer Signature X Gloria Sader

Plumbing Site Survey



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF CLEAN WATER

~~XXXXXX~~ 13

# APPLICATION FOR AN ON-LOT SEWAGE DISPOSAL SYSTEM PERMIT

<b>PART I APPLICANT AND SITE INFORMATION</b> (Please PRINT using ALL CAPS)	
1. Applicant Name <u>GLORIA SOUTER</u> Address <u>890 Eichelde RD, Pockhomenville</u> <u>PA 18074</u> Telephone No. Day <u>(215) 234-8863</u> Evening <u>( )</u> Email Address _____	2. Site Address <u>890 Eichelde RD</u> <u>Pockhomenville</u> Street, RR, Box No. <u>PA</u> <u>18074</u> City State Zip Subdivision Name <u>New Hanover</u> Lot No. <u>Montgomery</u> Municipality County Tax Parcel #: <u>47-000-1488-004</u>

Directions to the Site: _____	
3. Lot Size: _____ sq. ft./acres	4. Type of Facility to be Served by this System:
5. Type of On-Lot System Activity <input type="checkbox"/> New <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Repair <input type="checkbox"/> BTG (Use Only With Repair) <input checked="" type="checkbox"/> Single Family Residential No. of Bedrooms <u>4</u>	<input type="checkbox"/> Multifamily Residential <input type="checkbox"/> Commercial/Nonresidential gal/day <u>500</u> <input type="checkbox"/> Permit or coverage under Chapter 102 Erosion and Sedimentation Control required. <input type="checkbox"/> Permit or coverage under Chapter 102 Erosion and Sedimentation Control obtained.
6. Facility Water Supply: Public <input type="checkbox"/> Well <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Surface <input type="checkbox"/> 7. Distance to the nearest existing or proposed Private Water Supply (on or off the property) <u>10+ to bldg sewer</u>	

<b>PART II LOCAL AGENCY USE ONLY</b> (Please PRINT using ALL CAPS)																									
<b>SEWAGE PLANNING</b> <input type="checkbox"/> Approved Planning Mod. DEP Code No. _____ <input type="checkbox"/> Area Not Planned (lot created before May 15, 1972) <input type="checkbox"/> Limitations in Effect	<b>SITE SUITABILITY</b> Soil Series _____ Slope _____ % Type of Limiting Zone _____ Depth of Limiting Zone _____ inches Type of Cover (Ag. Grass, Forest) _____	Percolation Rate _____ min/in. <input type="checkbox"/> Not conducted Site is: <input type="checkbox"/> Suitable for inground system. <input type="checkbox"/> Suitable for elevated system. <input type="checkbox"/> Suitable for IRSIS <input type="checkbox"/> Unsuitable Permit is for approximately 25 feet of building sewer	<b>APPLICATION STATUS</b> <table border="1" style="width:100%"> <tr> <th>ACTION</th> <th>DATE</th> </tr> <tr> <td><input checked="" type="checkbox"/> Complete Application</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Received</td> <td><u>1 / 17 / 24</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Permit Issued</td> <td><u>1 / 17 / 24</u></td> </tr> <tr> <td><input type="checkbox"/> Permit Denied</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Interim Inspection</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Interim inspection</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Final Inspection</td> <td>____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Approved</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Disapproved</td> <td>SEO Initials _____</td> </tr> <tr> <td><input type="checkbox"/> Revoked Permit</td> <td>____/____/____</td> </tr> </table>	ACTION	DATE	<input checked="" type="checkbox"/> Complete Application		<input checked="" type="checkbox"/> Received	<u>1 / 17 / 24</u>	<input checked="" type="checkbox"/> Permit Issued	<u>1 / 17 / 24</u>	<input type="checkbox"/> Permit Denied	____/____/____	<input type="checkbox"/> Interim Inspection	____/____/____	<input type="checkbox"/> Interim inspection	____/____/____	<input type="checkbox"/> Final Inspection	____/____/____	<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	SEO Initials _____	<input type="checkbox"/> Revoked Permit	____/____/____
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<input type="checkbox"/> Revoked Permit	____/____/____																								
<b>FEES PAID</b> Application <u>\$ 130.00</u> Testing _____ Inspection(s) <u>100.00</u> Other _____ Total <u>\$ 230.00</u>																									

<b>PART III PLOT PLAN AND SYSTEM DESIGN</b> (Please PRINT using ALL CAPS)		
1. System Classification <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Experimental <input type="checkbox"/> Alternate Classification #A _____ Classification #A _____	2. Treatment/Tankage Total Tank Capacity <u>Existing</u> gal. <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Vault Privy <input type="checkbox"/> Nitrogen Reduction <input type="checkbox"/> Other _____	3. Type of Filter <input type="checkbox"/> Buried Sand <input type="checkbox"/> Other Media _____ <input type="checkbox"/> Effluent
4. Type of Disinfection <input type="checkbox"/> CL Erosion <input type="checkbox"/> CL Hypo <input type="checkbox"/> UV	5. Distribution <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pump (Electric) <input type="checkbox"/> Pump (Pneumatic) <input type="checkbox"/> Siphon	6. Absorption Total Absorption Area <u>Existing</u> sq. ft. <input checked="" type="checkbox"/> Std. Trench <input type="checkbox"/> Std. Bed <input type="checkbox"/> Elev. Sand Mound <input type="checkbox"/> Elev. Sand Trench <input type="checkbox"/> IRSIS <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Other _____
7. Other <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Recycling Toilet	8. Attach the Following Documentation a. A copy of the Form 3850-FM-BCW0290A (and B when required) or a morphological evaluation report (See Part II). b. A detailed plot plan and sewage system design (including cross sections plan reviews and comments). See instructions on reverse side for required details. Indicate the number of attached sheets _____	

<b>PART IV SIGNATURES</b>		
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/or 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 <u>G. Souter</u>	Date _____	
The information in this application is true and correct to the best of my knowledge.		
SEO Signature <u>Eugene M. Evans</u>	Date <u>1/17/24</u>	Certification No. <u>2607</u>

OFFICE OF PUBLIC HEALTH

PERMIT

for

INSTALLATION OF AN ON-LOT SEWAGE DISPOSAL SYSTEM

Pursuant to Application for Sewage Disposal System number: 460905-24-10506 a permit is hereby issued to:

Name of applicant: Gloria Souder

Address of applicant: 890 EICHELE RD POTTSTOWN, PA 18074

Property address of site: 890 EICHELE RD PERKIOMENVILLE, PA 18074

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 the 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 per Section 7 (b)(3) of the Act.
2. This permit may be revoked for the reasons set forth in Section 7 (b)(6) of the Act.
3. This permit expires three (3) years from the date of issuance unless construction of the building and system has commenced in accordance with Section 7 (b)(7) of the Act.
4. Notify this Department upon starting construction of house and sewage system.
5. Obtain prior approval from this Department for any changes, revisions, deviations, etc.
6. Maintain all isolation distances. Install the system following natural ground contours.
7. Adhere to any Operation and Maintenance (O & M) requirements as directed in the permit attachments.

**Additional Conditions:**

This permit does not preclude obtaining municipal building and/or zoning permits.

This permit is not transferable unless provided by the Health Department.

The basis for issuance of this permit is information supplied in the Application for Sewage Disposal System and other pertinent data concerning soil absorption tests, topography, lot size and groundwater table elevations. The permit only indicates that the issuing authority is satisfied that installation of the sewage disposal system is in accordance with the rules, regulations and standards adopted by the Pennsylvania Department of Environmental Protection under provisions of the Pennsylvania Sewage Facilities Act. The issuance of a permit shall not preclude enforcement of other health laws, ordinances or regulations in case of malfunctioning of the system.

**Permit to Construct:**

Eugene M. Evans  
Sewage Enforcement Officer signature

01/17/2024

Date

**Approval to Use:**

Eugene M. Evans  
Sewage Enforcement Officer signature

1-24-24  
Date

**TO BE POSTED AT THE SITE**