

***SEE REVERSE SIDE FOR IMPORTANT INFORMATION**
PERMIT
for
INSTALLATION OF SEWAGE DISPOSAL SYSTEM

Pursuant to Application for Sewage Disposal System number Z139061/FORINO
a permit is hereby issued to

FORINO CO., L.P.

NAME OF APPLICANT

555 MOUNTAIN HOME RD. SINKING SPRING, PA 19608

(610) 670-2200

ADDRESS OF APPLICANT

TELEPHONE NUMBER

569 BERNE RD - LOT 3 IRON HILL ESTATES

PROPERTY ADDRESS OF SITE FOR SEWAGE DISPOSAL SYSTEM

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 Resources, 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 three 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.

ADDITIONAL CONDITIONS:

Contact Dave Siminitus (X590) or Jeremy Bentz (X591) at Larson Design Group at (717)933-5530 prior to beginning installation to schedule required inspections

KEEP THIS PERMIT FOR FUTURE REFERENCE

Approval to Cover

Date of Issuance of Permit December 22, 2016

Signature of Enforcement Officer

South Manheim Township

Approving Body

Date

Signature of Enforcement Officer

The 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 in accordance with the Rules, Regulations and Standards adopted by the Pennsylvania Department of Environmental Resources 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 system malfunctions.

TO BE POSTED AT THE BUILDING SITE



APPLICATION FOR AN ONLOT SEWAGE DISPOSAL SYSTEM PERMIT

PART I APPLICANT AND SITE INFORMATION

<p>1. Applicant Name <u>FORTNO CO, L.P.</u> Address <u>555 Mountain Home Rd</u> <u>SINKING SPRING PA 191008</u> Telephone No. Day <u>(610) 670 2200</u> Evening <u>()</u></p>	<p>2. Site Address <u>569 BERKE DR</u> Street, RR, Box No. <u>AUBURN</u> <u>PA</u> <u>17922</u> Post Office <u>IRON HILL ESTATES</u> State <u>PA</u> Zip <u>17922</u> Subdivision Name <u>S. MANHEIM TWP</u> Lot No. <u>3</u> Municipality <u>SCHUYLKILL</u> County <u>SCHUYLKILL</u></p>
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Directions to the Site: SR 443 TO SCHUYLKILL HAVEN. TURN ONTO S. BERKE ST. SITE APPROX. 2 MILES ON LEFT

<p>3. Lot Size <u>2165, 838 SQ FT</u> <u>6.10 AC</u> sq. ft./acres</p>	<p>4. Type of Facility to be Served by this System</p>
<p>5. Type of Onlot System Activity</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> BTG (Use Only With Repair)</p>	<p><input checked="" type="checkbox"/> Single Family Residential No. of Bedrooms <u>4</u></p> <p><input type="checkbox"/> Multifamily Residential <input type="checkbox"/> Commercial/Nonresidential gal/day _____</p>
<p>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"/></p> <p>7. Distance to the nearest existing or proposed Private Water Supply (on or off the property) <u>400</u> ft.</p>	

PART II LOCAL AGENCY USE ONLY

SEWAGE PLANNING	SITE SUITABILITY	APPLICATION STATUS
<p><input checked="" type="checkbox"/> Approved Planning Mod. <u>2-34957-055-1</u> DEP Code No. <u>10-18-06</u> (date)</p> <p><input type="checkbox"/> Area Not Planned (lot created before May 15, 1972)</p> <p><input type="checkbox"/> Limitations in Effect</p>	<p>Soil Series <u>LcB</u></p> <p>Slope <u>6.5</u> %</p> <p>Type of Limiting Zone <u>SHUT</u></p> <p>Depth of Limiting Zone <u>21</u> inches</p> <p>Type of Cover <u>Ag. Grass, Forest</u></p>	<p>Percolation Rate <u>25.8</u> min/in. Not conducted</p> <p>Site is:</p> <p><input type="checkbox"/> Suitable for inground system. <input checked="" type="checkbox"/> Suitable for elevated system. <input type="checkbox"/> Suitable for IRSIS <input type="checkbox"/> Unsuitable</p>
<p>FEEES PAID</p> <p>Application \$ _____ Testing _____ Inspection(s) _____ Other _____ Total \$ _____</p>		<p>ACTION</p> <p><input type="checkbox"/> Complete Application <input checked="" type="checkbox"/> Received <u>12/21/16</u> <input checked="" type="checkbox"/> Permit Issued <u>12/22/16</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 _____ <input type="checkbox"/> Revoked Permit _____</p> <p>DATE _____ SEO Initials _____</p>

PART III PLOT PLAN AND SYSTEM DESIGN

<p>1. System Classification</p> <p><input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Alternate <input type="checkbox"/> Experimental</p>	<p>2. Treatment/Tankage</p> <p>Total Tank Capacity <u>1500</u> gal.</p> <p><input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Vault Privy <input type="checkbox"/> Denitrification <input type="checkbox"/> Other _____</p>	<p>3. Type of Filter</p> <p><input type="checkbox"/> Buried Sand <input type="checkbox"/> Free Access Sand <input type="checkbox"/> Other Media _____ <input type="checkbox"/> Effluent</p>
<p>4. Type of Disinfection</p> <p><input type="checkbox"/> CL Erosion <input type="checkbox"/> CL Hypo <input type="checkbox"/> UV</p>	<p>5. Distribution</p> <p><input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Gravity</p> <p><input checked="" type="checkbox"/> Pump (Electric) <input type="checkbox"/> Pump (Pneumatic) <input type="checkbox"/> Siphon</p>	<p>6. Absorption</p> <p>Total Absorption Area <u>754</u> sq. ft.</p> <p><input type="checkbox"/> Std. Trench <input type="checkbox"/> Std. Bed <input checked="" 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 _____</p>
<p>7. Other</p> <p><input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Recycling Toilet</p>	<p>8. Attach the Following Documentation</p> <p>a. A copy of the Form 3800-FM-WSFR0290A (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 _____</p>	

PART IV SIGNATURES

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 onlot 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 [Signature] Date 12-25-16

The information in this application is true and correct to the best of my knowledge.

SEO Signature [Signature] Date 12-22-16 Certification No. 02427



VERIFICATION OF PRIOR TESTING

Note: Please refer to Chapter 72, Section 72.26, Denial of Permits, before completing this form.

<u>Forvo Company - LP</u>	<u>S. Manheim Twp</u>	<u>Schuylkill</u>
Applicant's Name	Municipality	County
<u>569 Berne Drive</u>	<u>Iron Hill Estates</u>	<u>3</u>
Site Location	Subdivision Name	Lot No.
<u>David Siminitus / Jeremy Beitz</u>	<u>5/9/06</u>	<u>4/5/06</u>
Name of SEO conducting/observing prior test	Date of prior test (Perc.)	(Probe)

SECTION I CERTIFICATION AND TEST RESULTS

1. Prior to an on-site inspection of the conditions on the property, the following must be verified: Verified _____
- a. The SEO conducting or observing prior testing was certified at the time the tests were completed; _____ /
 - b. The lot in question has not been cited in a decertification/suspension notice, written notice to the municipality or in any evaluation report represented to the municipality indicating improper or incorrect soils testing by prior SEOs' _____ /
 - c. Test data was recorded and is available in sufficient quantity and detail to be interpreted by others in order to determine the presence of an identified limiting zone and average percolation rate. _____ /

IF ANY OF THE CONDITIONS ABOVE CAN NOT BE VERIFIED, RETESTING OF THE SITE IS REQUIRED.

IF ALL OF THE CONDITIONS ABOVE WERE PROPERLY VERIFIED, GO ON TO SECTION II.

SECTION II ON-SITE VERIFICATION

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Does the site display any of the following characteristics? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Slopes in excess of 25% | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Presence of rock outcrops | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Floodplain or floodprone soils; | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Evidence of filling or scraping on the site of the system: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Evidence of more tests than reported: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Slope as listed on the original test: _____% | | |
| Slope as measured on site: _____% | | |
| 3. Will the isolation distances encroach on adjacent properties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Is there insufficient area at the absorption site to accommodate the bed or trenches, as designed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are there any obvious changes in the lot which would make the prior tests suspect? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION II ON-SITE VERIFICATION

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 6. Are there any observable conditions on the lot which would contradict the soils information provided? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Was the soil probe performed more than ten (10) feet from the proposed area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Was the percolation test performed at a location other than the proposed area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

IF ANY OF THE QUESTIONS ABOVE WERE ANSWERED "YES", RETESTING OF THE SITE IS REQUIRED.

IF ALL OF THE QUESTIONS ABOVE IN SECTION II WERE ANSWERED "NO", GO ON TO SECTION III.

SECTION III TEST SITE VERIFICATION

The exact location of the soils tests performed has been determined to my satisfaction by one of the following:


- | | | |
|--|-------------------------------------|--------------------------|
| 1. locating the test pit and percolation hole remnants on the lot; | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the existence of recorded measurements from at least two (2) permanent landmarks establishing the test locations; | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. a plan of the lot, drawn to scale, indicating the location of the tests; or, | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Identification of the exact location of the tests by the prior SEO, provided that his/her certification has not been revoked, suspended or otherwise surrendered to the Department. | <input type="checkbox"/> | <input type="checkbox"/> |

Verification of prior testing completed by

<u>David Siminitus</u>	<u>02427</u>
Name	Cert No.
<u>[Signature]</u>	<u>12/24/16</u>
Signature	

ACCEPTED

REJECTED

	Forino Company, L.P. 555 Mountain Home Road Sinking Spring, Pa 19565 Office (610) 670 - 2200 Fax (610) 670 - 2608	App. No.:	Z139061
		Lot #:	3 - IHE
		Municipality:	South Manheim Twp
		County:	Schuylkill County
		Date:	12/15/2016

- A. FLOW**
 # of Bedrooms 4
 Estimated 500 gpd
- B. SEPTIC TANK LIQUID VOLUMES**
 Septic tank capacity 1500 gallons
 Number of tanks/compartments 2
 Effluent Filter (yes/no) No
- C. SOILS (Site evaluation data)**
- | | | |
|---------------------------------|---|---|
| 1. Depth to restricting layer = | 21 inches | To Base of Sand: 27 inches |
| 2. Depth of percolation tests = | 13 inches | |
| 3. Texture - Soil type | LeB | |
| 4. Percolation rate | 25.8 MPI | |
| 5. % Land Slope | 6.5 % | |
- D. ABSORPTION AREA DIMENSIONS**
1. Square Feet of Aggregate Area Per Gallon Per Day
25.8 MPI (1.50) 1.50 sqft/gpd
2. Square Feet of Aggregate = sq ft of aggregate/gpd*gpd
1.50 sqft/gpd * 500 gpd = 750 sq. ft.
3. **ABSORPTION WIDTH**
 Perimeter Edge Distance + Space Between Laterals = 13 ft
4. **ABSORPTION LENGTH**
 Absorption length equals area divided by length
750 sq. ft. / 13.0 ft = 57.7 ft
5. **ABSORPTION RATIO**
 Ratio Minimum = 4:1 **Ratio:** 4.44 :1

FINAL DIMENSIONS	13.0 ft x 58 ft
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E. Dose Tank Capacity:

1. Calculate total pumpout volume
- A. Calculate drainback
- | | | | |
|-------------------------------------|---|------------|--|
| 1-1/2" Pipe | | | |
| 1. Determine total pipe length | 108.0 | ft | |
| 2. Determine liquid volume of pipe, | 0.1 | gal/ft | |
| 3. Drainback quantity = | 108.0 | ft (5B1) x | 0.1 gal/ft(5B2) = 10.8 gal |
- | | | | |
|-------------------------------------|--|--------|---|
| 2" Pipe | | | |
| 1. Determine total pipe length | 26.0 | ft | |
| 2. Determine liquid volume of pipe, | 0.16 | gal/ft | |
| 3. Drainback quantity = | 26.0 | ft x | 0.16 gal/ft = 4.2 gal |
- B. Total pump out volume = drainback x 5 or 100 gallons whichever is greater
- 15.0 gallons x 5.0 = 74.8 gal
- Min. Tank Volume = 2 x (Pump out Volume or 100 gallons which ever is greater)
- 100.0 gal x 2 = 200 gallons = 200 gal

Recommended	Use a 500.0 gallon tank
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Lot # 4



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 SOUTH MAHEIM County SCHUYLKILL

Site Location BERNE RD Subdivision Name STOCK

SUITABLE Soil Type LoB Slope 7 % Depth to Limiting Zone 21" Ave. Perc. Rate 25.8
 UNSUITABLE Mottling Seeps or Poned Water Bedrock Fractures Coarse Fragments
 Perc. Rate Slope Unstabilized Fill Floodplain Other _____

SOILS DESCRIPTION:

Soils Description Completed by: David Siminity Date: 4/5/06

Inches	Probe 7	Description of Horizon	Probe 8
0 TO 7"	brn sil frags s&k mod		
7 TO 18"	red brn sil frags s&k mod		21" rock
18 TO 35"	red brn ch sil frags s&k mod		
TO 35"	common faint pebbles		
TO _____			
TO _____			

PERCOLATION TEST:

Percolation Test Completed by: JEREMY BENTZ Date: 5/9/06

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 3/4	1 1/2	1 3/8	1 1/4	1 1/4			
2	X		10/30	1 1/4	1 3/8	1 1/8	1 1/8				
3	X		10/30	1 1/2	1 3/8	1 1/2	1 1/4				
4	X		10/30	1	3/4	7/8	3/4				
5	X		10/30	1 3/4	1 3/4	1 5/8	1 5/8				
6	X		10/30	1 3/4	1 3/8	1 1/2	1 1/2	1 3/8			

***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 1/4 "	24	13 "
2	1 1/8 "	26.7	"
3	1 1/4 "	24	"
4	3/4 "	40	"
5	1 5/8 "	18.5	"
6	1 3/8 "	21.8	"
TOTAL OF MIN / IN →		155	= 25.8
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) DA A 02427
 Sewage Enforcement Officer