



TRANSMITTAL LETTER FOR SEWAGE FACILITIES PLANNING MODULE

DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP) USE ONLY				
DEP CODE #	CLIENT ID #	SITE ID #	APS ID #	AUTH. ID #

TO: Approving Agency (DEP or delegated local agency)

Date _____

Dear Sir/Madam:

Attached please find a completed sewage facilities planning module prepared by _____
(Name)

_____ for _____
(Title) (Name)

a subdivision, commercial ,or industrial facility located in _____

_____ County.
(City, Borough, Township)

Check one

- ☐ (i) The planning module, as prepared and submitted by the applicant, is approved by the municipality as a proposed ☐ revision ☐ supplement for new land development to its Official Sewage Facilities Plan (Official Plan), and is ☐ adopted for submission to DEP ☐ transmitted to the delegated LA for approval in accordance with the requirements of 25 Pa. Code Chapter 71 and the *Pennsylvania Sewage Facilities Act* (35 P.S. §750),

OR

- ☐ (ii) The planning module will not be approved by the municipality as a proposed revision or supplement for new land development to its Official Plan because the project described therein is unacceptable for the reason(s) checked below:

Check Boxes

- ☐ Additional studies are being performed by or on behalf of this municipality which may have an effect on the planning module as prepared and submitted by the applicant. Attached hereto is the scope of services to be performed and the time schedule for completion of said studies.
- ☐ The planning module as submitted by the applicant fails to meet limitations imposed by other laws or ordinances, officially adopted comprehensive plans and/or environmental plans (e.g., zoning, land use, 25 Pa. Code Chapter 71). Specific reference or applicable segments of such laws or plans are attached hereto.
- ☐ Other (attach additional sheet giving specifics).

Municipal Secretary: Indicate below by checking appropriate boxes which components are being transmitted to the approving agency.

- | | | |
|--|---|--|
| <input type="checkbox"/> Resolution of Adoption | <input type="checkbox"/> 3 Sewage Collection/Treatment Facilities | <input type="checkbox"/> 4A Municipal Planning Agency Review |
| <input type="checkbox"/> Module Completeness Checklist | <input type="checkbox"/> 3s Small Flow Treatment Facilities | <input type="checkbox"/> 4B County Planning Agency Review |
| <input type="checkbox"/> 2 Individual and Community Onlot Disposal of Sewage | | <input type="checkbox"/> 4C County or Joint Health Department Review |

Municipal Secretary (print)

Signature

Date