

Checklist



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

Completeness Checklist


The individual completing the component should use the checklist below to assure that all items are included in the module package. The municipality should confirm that the required items have been included within 10 days of receipt, and if complete, sign and date the checklist.

Sewage Collection and Treatment Facilities

- ☒ Name and Address of land development project.
- ☒ U.S.G.S. 7.5 minute topographic map with development area plotted.
- ☒ Project Narrative.
- ☒ Letter from water company (if applicable).
- ☒ Alternative Analysis Narrative.
- ☒ Details of chosen financial assurance method. (Municipal ownership of treatment facility, described in Alternatives Analysis Narrative)
- ☐ Proof of Public Notification (if applicable). (N/A)
- ☒ Name of existing collection and conveyance facilities.
- ☒ Name and NPDES number of existing treatment facility to serve proposed development.
- ☒ Plot plan of project with required information.
- ☒ Total sewage flows to facilities table.
- ☒ Signature of existing collection and/or conveyance Chapter 94 report preparer.
- ☒ Signature of existing treatment facility Chapter 94 report preparer.
- ☒ Letter granting allocation to project (if applicable).
- ☒ Signature acknowledging False Swearing Statement.
- ☒ Completed Component 4 (Planning Agency Review) for each existing planning agency and health department.
- ☒ Information on selected treatment and disposal option.
- ☐ Permeability information (if applicable). (N/A)
- ☐ Preliminary hydrogeology (if applicable). (N/A)
- ☐ Detailed hydrogeology (if applicable). (N/A)

Municipal Action

- ☐ Component 3 (Sewage Collection and Treatment Facilities).
- ☐ Component 4 (Planning Agency Comments and Responses).
- ☐ Proof of Public Notification.
- ☐ Long-term operation and maintenance option selection.
- ☐ Comments, and responses to comments generated by public notification.
- ☐ Transmittal Letter



 Signature of Municipal Official

 Date submittal determined complete