

INFILTRATION TESTING APPLICATION

All Infiltration Testing Applications must be accompanied by the appropriate fee. The fee schedule is available at the Township office or at http://www.uppersaucon.org/building_permit_fees2011.pdf (see page 7)

LOCATION OF PROPOSED WORK OR IMPROVEMENT:

Property Address: _____ Tax PIN _____

Lot # _____ Subdivision/Land Development: _____

Applicant: _____ Phone # _____ Cell # _____

Mailing Address: _____ Email _____

Property Owner (if different than applicant): _____

Owner Address: _____

PROPOSED TESTING DATE(S): _____

Note: Infiltration Testing is performed by the Applicant and witnessed by the Township Engineer. Upon submittal to Township office of Application and fee; Applicant may contact the Township Engineer directly to schedule testing.

PROPOSED NUMBER OF TESTS:

Soil Probes (number): _____ Percolation/Double Ring Infiltrometer Test (number): _____

PROPOSED USE: _____

Is infiltration testing part of a NEW Subdivision or Land Development project? YES NO

If YES, name/description of project: _____

If NO, is infiltration testing required as part of an Individual Lot Grading Plan/Building Permit? YES NO

Will work proposed necessitate tree removal? (Check One) YES NO

*****ALL APPLICATIONS FOR WHICH TREE REMOVAL IS REQUIRED MUST INCLUDE A TREE REMOVAL PERMIT*****

Will the proposed work potentially impact any natural or cultural features on the site, such as wetlands, steep slopes, floodplains, carbonate geology, historic structures (see Article 5 of the Zoning Ordinance for a complete listing)? (Check One) YES NO
If yes, attach a statement describing natural or cultural features potentially impacted by the proposed work.

To the best of my knowledge and belief, all information on this application is true, correct, and complete and with the understanding that any false statement is subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to "Unsworn Falsification to Authorities".

Applicant's Signature _____ Date _____

Print Name _____

TOWNSHIP USE ONLY

Infiltration Testing Permit # _____ Fee \$: _____

Testing Dates: _____

Notes: