

**UPPER SAUCON TOWNSHIP  
SEWAGE FACILITIES PLANNING MODULE**

The Upper Saucon Township Sewage Facilities Planning Module form shall be completed and returned to the following address:

Township Manager  
Upper Saucon Township  
5500 Camp Meeting Road  
Center Valley, AA 18034

The form must be signed and sealed by a Registered Professional Engineer licensed in the State of Pennsylvania.

**GENERAL INFORMATION**

This Module is used for projects that propose (1) A subdivision to be served by sewage collection, conveyance or treatment facilities; (2) a tap-in with flows on a lot of 2 EDU'S or more to existing collection systems; or (3) The construction or modification of collection, conveyance or wastewater treatment facilities that will require the issuance or modification of a Clean Streams Law permit. This component, along with any other appropriate components specified in the cover letter, must be submitted to the Township for their review. All appropriate documentation must be attached before the Sewage Facilities Planning Module package will be considered complete. References to "Guidance Document" means the guidance document refereeing to completion of Planning Modules as published by the Pennsylvania Department of Environmental Protection.

**A. GENERAL INFORMATION (See Section A of Guidance Document)**

1. General Information

- a. Name of Land Development Project \_\_\_\_\_
- b. Location of land development project. (Use landmark coordinates, for example, north side of Rt. 75, 2.0 miles east of intersection of Rt. 75 and SR 2422) \_\_\_\_\_  
\_\_\_\_\_

2. Nature of Development

- a. Total Acreage \_\_\_\_\_ Number of Lots \_\_\_\_\_
- b. Check appropriate box and provide flows and population to be served. Indicate how the flow figures were calculated.

Residential	Commercial	Industrial
Total flows (gpd) _____	Total flows (gpd) _____	Total flows (gpd) _____
Population served _____	Population served _____	Population served _____

3. USGS Topographic Map Identification

- a. Attach original or copy of 7-1/2 minute USGS topographic map which includes the general area of the development and the area of the proposed land development plotted and labeled. All maps should be folded to 8-1/2 x 11 inches in size.
- b. USGS Topographic Map Name: \_\_\_\_\_
- c. Inches up \_\_\_\_\_ and over \_\_\_\_\_ from the bottom right hand corner of the map to the approximate center of the development.

4. Ownership of Land Development

Name(s)	Address(es) & Phone Number(s)
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5. Applicant (Subdivider, Developer, or Responsible Project Agent)

Name \_\_\_\_\_

Address \_\_\_\_\_

**B. PROJECT NARRATIVE**

1. A narrative has been prepared as described in Section B of the Guidance and is attached to this component.

The applicant may choose to include additional information beyond that required by Section B of the Guidance.

**C. AVAILABILITY OF DRINKING WATER SUPPLY (See Section C of Guidance Document)**

1. Proposed subdivision will be provided with drinking water supplied from  
(Check appropriate box)

Individual wells, cisterns     Public water supply     Proposed public supply

Existing - Name of Water Company  
\_\_\_\_\_

If an existing public water supply other than Township water supply is to be used, attach a letter from the water company stating that it will serve the development.

**D. ALTERNATIVE SEWAGE FACILITIES ANALYSIS**

This analysis consists of a narrative that will support the chosen sewage disposal method by comparing it to methods already in use in the area or to any other available method. Attach the narrative to the package and title it **Alternative Analysis**. The narrative shall describe:

1. The chosen sewage disposal method, and whether the method is interim (to be replaced within 5 years). Also provide the number of lots or EDU's that will be served.
2. The types of land uses adjacent to the project area (Agricultural, Residential, Commercial etc.) and the type of sewage disposal method serving each of those land uses.
3. Existing sewage management program(s) in the area, and/or any sewage management program(s) that the development is required to participate in, and the program requirements.
4. If pressure sewer system is proposed, an analysis must be included documenting that gravity sewers cannot be used for providing sewage service.
5. Potential alternative sewage disposal methods that are available for the project.
6. Why the proposed disposal method was chosen over the alternative methods discussed.
7. Any other information that the developer feels will support the chosen disposal method.

**E. GENERAL SITE SUITABILITY (See Section F of Guidance Document)**

Check all boxes that apply, and provide information on collection, conveyance and treatment facilities and EDU's served. This information will be used to determine consistency with Title 25, PA CODE, Chapter 93 (relating to wastewater treatment requirements).

**1. COLLECTION SYSTEM**

- a. Check appropriate box concerning collection system
  - Lateral connection to existing collection system
  - New collection system
  - Extension to existing collection system
  - Expansion of existing facility
 Clean Streams Law Permit Number \_\_\_\_\_

- b. Answer questions below on collection system  
 An EDU is equivalent to 176 gpd of water use as set forth in the Township's Act 537 Plan Revision dated December 2001. The total sewage flow for an EDU is 226 gpd that also includes an inflow/ infiltration allocation of 50 gpd/ EDU.

Number of EDU's and proposed connections to be served by collection system.

EDU's \_\_\_\_\_ Connections \_\_\_\_\_

Location of connection to existing sewer and manhole number. \_\_\_\_\_

**2. WASTEWATER TREATMENT FACILITY**

Check appropriate box and provide requested information concerning the treatment facility.

This module applies for wastewater treatment at the Upper Saucon Township Wastewater Treatment Plant on Route 378, NPDES Permit # 0053147

Other (explain)

**3. PLOT PLAN**

The following information is to be submitted on a plot plan of the proposed subdivision is included on the following drawing as submitted to Upper Saucon Township:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Plan: \_\_\_\_\_

Engineering Firm Preparing Plans: \_\_\_\_\_

**4. PADEP PERMIT REQUIREMENTS**

- |    | Yes | No |  |
|----|-----|----|--|
| a. | —   | —  | Are there wetlands present in the project area? If yes, indicate these areas on the plot plan as shown in the mapping or through on-site delineation.  |
| b. | —   | —  | Are there any construction activities (encroachment or obstructions) proposed in, along, or through the wetlands? If yes, attach copies of all permits obtained from PADEP.  |
| c. | —   | —  | Are there any construction activities (encroachment or obstructions) proposed in, along, or through a streambed or floodplain? If yes, contact the Department of Environmental Protection (DEP) Regional Office for information on any additional requirements |
| d. | —   | —  | Are there any construction activities (encroachment or obstructions) proposed in, along, or through the streambed or floodplain? If yes, attach copies of all permits obtained from PADEP.   |

**F. CHAPTER 94 CONSISTENCY DETERMINATION**

Land Development projects that propose the use of existing municipal collection, conveyance or wastewater treatment facilities, or the construction of collection and conveyance facilities to be served by existing municipal wastewater treatment facilities must be consistent with the requirements of Chapter 94 of the Department's rules and regulations (relating to Municipal Wasteload Management). If more than one municipality or authority will be affected by the project, please obtain the information required in this section for each. Additional sheets may be attached for this purpose.

1. Project Flows \_\_\_\_\_ gpd
2. Total Sewage Flows to Facilities

The Applicant shall obtain the following information from the Township and any municipality and/or private collection system contributing sewage flows to the Upper Saucon Township Waste Water Treatment Plant.

	a. Design and/or Permitted Capacity*		b. Present Flows*		c. Projected Flows In 5 Years	
	Average	Peak	Average	Peak	Average	Peak
Collection						
Conveyance						
Treatment						

3. Collection and Conveyance Capacity Certification

(Y/N) \_\_\_ If this project proposes sewer extensions or tap-ins, will these actions create a hydraulic overload within five years on any existing collection or conveyance facilities that are part of the system, including those collection or conveyance facilities in the contributing municipality required to serve this project?

- a. If yes, for either community, this planning module for sewage facilities will not be accepted for review by Upper Saucon Township until all inconsistencies with Chapter 94 are resolved both within and without the Township.
- b. If no, the Township and/or contributing municipality must sign below to indicate that the collection and conveyance facilities have adequate capacity and are able to provide service to the proposed development in accordance with Chapter 94 requirements and that this proposal will not impact this status. **This approval is good only for a period of 5 years from the date of the Resolution.**

UPPER SAUCON TOWNSHIP MUNICIPAL AUTHORITY

Name \_\_\_\_\_  
(Chairman)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOROUGH OF COOPERSBURG

Name \_\_\_\_\_  
(President, Borough Council)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4. Treatment Facility Capacity Certification

The questions below are to be answered by the Upper Saucon Sewage Treatment Authority in coordination with the information in the table and the latest Chapter 94 report.

(Y/N)\_\_\_ If this project proposes the use of an existing wastewater treatment plant for the disposal of sewage, will these actions create a hydraulic or organic overload within 5 years at that facility?

- a. If yes, this planning module for sewage facilities will not be reviewed by the Township until this inconsistency with Chapter 94 is resolved.
- b. If no, the Upper Saucon Sewage Treatment Authority has reviewed and indicated treatment capacity and is able to provide wastewater treatment services for the proposed development in accordance with Chapter 94 requirements and that this proposal will not impact this status. This approval is good for a period of 5 years from the date of the Resolution.

UPPER SAUCON SEWAGE TREATMENT AUTHORITY

Name \_\_\_\_\_  
(Chairman)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**G. FALSE SWEARING STATEMENT**

I verify that the statements made in this component are true and correct to the best of my knowledge, information and belief. I understand that false statements in this component are made subject to the penalties of 18 PA C.S.A. > Sect. 84904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name (Print)

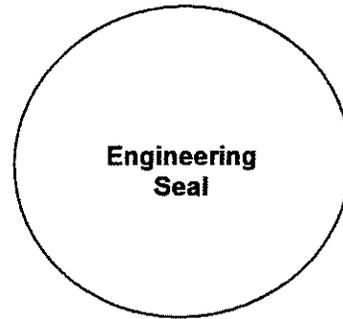
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number



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