



DELAWARE COUNTY HEALTH DEPARTMENT Environmental Health Division

Minor Permits Specifications for On-Lot Sewage Disposal Systems

Date: _____

Name: _____ Municipality: _____ Application #: _____

Select type of component(s) being Repaired or Modified:

Building Sewer

Type of Work: _____ Diameter: _____ Inches Type: _____

**[\(See 73.21\(c\)\)](#)

Tank

Type of Tank: _____ Type of Work: _____ Capacity: _____ Gal.

of Compartments: _____ Aerobic Make: _____ Aerobic Model #: _____

Note: Rectangular septic tanks are required when using Alternate Technology.

Riser Installation

Type of Work: _____ Composition: _____ Length of Extension: _____ Inches

To be installed: _____ Inches _____ existing grade. Type of Material Used for Sealing: _____

Note: Structural damage to the septic tank could occur as a result of installing concrete riser extensions on septic tanks greater than four feet below the ground surface. Mastic alone does not seal effectively when installed during cold weather.

Install Treatment Device

Type: _____ Manufacturer: _____ Model: _____

Baffle Repair

Type: _____ Length: _____ Inches ****[\(See 73.31\(c\)\(1-5\)\)](#)**

Solids Retainer Addition

Type: _____ Make: _____ Model: _____

Delivery Line Replacement

Diameter: _____ Inches Length: _____ Ft Type: _____

**[\(See 73.41; 73.44 \(a\) & \(b\); 73.46 \(a\)\(12\)\)](#)

Distribution Box

Type of Work: _____ Composition: _____ Other: _____

Flow equalization devices will be used inside the D-box. (i.e. Speed Levelers)

**[\(See 73.42\)](#)

Additional Absorption Area (Must Provide Diagram)

Area: _____ Sq. Ft. Bed/Trenches: _____ Length: _____ Ft. Width: _____ Ft. Depth: _____ Inches

**[\(See 73.52, 73.53\)](#)

**All References are to: Title 25, Chapter 73, Standards for Sewage Facilities.

Note: 2 Copies of this form must be submitted with the Sewage Permit Application.

Upon notification of completion, this Department has 72 hours to make the necessary inspections. To facilitate scheduling inspections, the contractor should contact this Department 24 hours in advance of completion of the work.

Prepared by: _____ Approved by: _____
(Designer) (DCHD)

Designer Phone #: _____