



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF CLEAN WATER

Resolution #2022-10

TRANSMITTAL LETTER  
FOR SEWAGE FACILITIES PLANNING MODULE

DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP) USE ONLY				
DEP CODE # 1-09932-278-3J	CLIENT ID #	SITE ID #	APS ID #	AUTH. ID #

TO: Approving Agency (DEP or delegated local agency)  
 Pennsylvania Department of Environmental Protection  
 2 East Main Street  
 Norristown, PA 19401-4915

Date \_\_\_\_\_

Dear Sir/Madam:

Attached please find a completed sewage facilities planning module prepared by Rachel L. Butch  
 (Name)  
 Project Manager, R.L. Showalter & Associates, Inc. \_\_\_\_\_ for Lohin Subdivision  
 (Title) (Name)  
 a subdivision, commercial, or industrial facility located in New Britain Township

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

Math West  
 Municipal Secretary (print)

[Signature]  
 Signature

4/18/2022  
 Date

## RESOLUTION FOR PLAN REVISION FOR NEW LAND DEVELOPMENT

RESOLUTION OF THE (SUPERVISORS) (COMMISSIONERS) (COUNCILMEN) of New Britain  
(TOWNSHIP) (BOROUGH) (CITY), Bucks COUNTY, PENNSYLVANIA (hereinafter "the municipality").

**WHEREAS** Section 5 of the Act of January 24, 1966, P.L. 1535, No. 537, known as the *Pennsylvania Sewage Facilities Act*, as Amended, and the rules and Regulations of the Pennsylvania Department of Environmental Protection (DEP) adopted thereunder, Chapter 71 of Title 25 of the Pennsylvania Code, require the municipality to adopt an Official Sewage Facilities Plan providing for sewage services adequate to prevent contamination of waters of the Commonwealth and/or environmental health hazards from sewage wastes, and to revise said plan whenever it is necessary to determine whether a proposed method of sewage disposal for a new land development conforms to a comprehensive program of pollution control and water quality management, and

**WHEREAS** Michael Lohin has proposed the development of a parcel of land identified as  
land developer

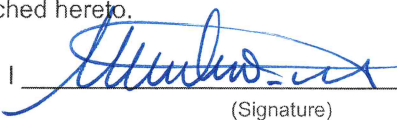
Lohin Subdivision, and described in the attached Sewage Facilities Planning Module, and  
name of subdivision

proposes that such subdivision be served by: (check all that apply), ☐ sewer tap-ins, ☒ sewer extension, ☐ new treatment facility, ☐ individual onlot systems, ☐ community onlot systems, ☐ spray irrigation, ☐ retaining tanks, ☐ other, (please specify). new low pressure force main with grinder pumps on service laterals

**WHEREAS**, New Britain Township finds that the subdivision described in the attached  
municipality

Sewage Facilities Planning Module conforms to applicable sewage related zoning and other sewage related municipal ordinances and plans, and to a comprehensive program of pollution control and water quality management.

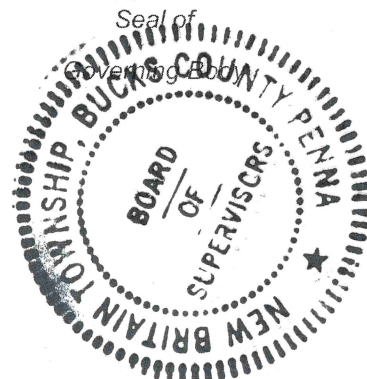
**NOW, THEREFORE, BE IT RESOLVED** that the (Supervisors) (Commissioners) (Councilmen) of the (Township) (Borough) (City) of New Britain hereby adopt and submit to DEP for its approval as a revision to the "Official Sewage Facilities Plan" of the municipality the above referenced Sewage Facilities Planning Module which is attached hereto.

I , Secretary, New Britain  
(Signature)

Township Board of Supervisors (Borough Council) (City Councilmen), hereby certify that the foregoing is a true copy of the Township (Borough) (City) Resolution # 2022-10, adopted, April 18, 2022.

Municipal Address:

New Britain Township  
207 Park Avenue  
Chalfont, PA 18914  
Telephone 215-822-1391



Applicant Checklist (√ or N/A)	Materials Required to be Included in the Planning Package	DEP Completeness Review
<b>DEP Checklist Letter</b>		
x	DEP checklist letter is attached with items checked off by the applicant (or applicant's authorized representative) as included	
x	DEP checklist letter certification statement completed and signed	
<b>Transmittal Letter (Form 3850-FM-BCW0355)</b>		
x	Transmittal Letter is attached, completed and the appropriate boxes in Section (i) are checked.	
x	Transmittal Letter is signed by the municipal secretary	
<b>Resolution of Adoption (Form 3850-FM-BCW0356)</b>		
x	Resolution of Adoption is attached and completed	
x	Resolution of Adoption is signed by the municipal secretary	
x	Resolution of Adoption has a visible municipal seal	
<b>Component 4A - Municipal Planning Agency Review (Form 3800-FM-BPNPSM0362A)</b>		
x	Component 4A is attached, completed and signed	
x	Municipal Responses to Component 4A comments are included	
<b>Component 4B – County Planning Agency Review (Form 3800-FM-BPNPSM0362B)</b>		
x	Component 4B is attached, completed and signed	
x	Municipal Responses to Component 4B comments are included	
<b>Component 4C – County or Joint Health Department Review (Form 3800-FM-BPNPSM0362C)</b>		
x	Component 4C is attached, completed and signed	
x	Municipal Responses to Component 4C comments are included	
<b>Component 3 Sewage Facilities Planning Module (Form 3800-FM-BPNPSM0353)</b>		
<i>Section A: Project Information</i>		
x	Section A.1. The Project Name is completed	
x	Section A.2. The Brief Project Description is completed	
<i>Section B: Client Information</i>		
x	Client Information is completed	
<i>Section C: Site Information</i>		
x	Site Information is completed	
x	A copy of the 7.5 minute USGS Topographic map is attached with the development site outlined, as required by the instructions and the checklist	
<i>Section D: Project Consultant Information</i>		
x	Project Consultant Information is completed	
<i>Section E: Availability of Drinking Water Supply</i>		
x	The appropriate box is checked in Section E	
N/A	For existing public water supplies, the name of the company is provided	

N/A	For public water supplies, the certification letter from the public water company is attached	
<i>Section F: Project Narrative</i>		
x	The Project Narrative is attached	
x	All information required in the module directions has been addressed	
<i>Section G: Proposed Wastewater Disposal Facilities</i>		
x	Section G.1.a. The collection system boxes are checked	
x	The Pennsylvania Clean Streams Law (CSL) permit number is provided for existing systems	
x	Section G.1.b. The questions on the collection system are completed	
x	Section G.2.a. The appropriate treatment facility box is checked	
x	For existing treatment facilities, the name is provided	
x	For existing treatment facilities, the NPDES permit number is provided	
N/A	For existing treatment facilities, the CSL permit number is provided	
N/A	For new treatment facilities, the discharge location is provided	
x	Section G.2.b. The certification statement has been completed and signed by the wastewater treatment facility permittee or their representative	
x	Section G.3. The plot plan is attached and contains all items in the module instructions under Section G.3	
x	The plot plan will show the proposed sewer facilities, sewer extension and/or point of connection to the existing sewer line or point of discharge	
x	Copies of easement(s) or right-of-way(s) are attached	
x	Section G.4. The boxes are checked regarding Wetland Protection	
x	Section G.5. The boxes are checked regarding Primary Agricultural Land	
x	Section G.6. The boxes are checked confirming consistency with the Historic Preservation Act	
x	The Cultural Resources Notice (CRN) (Form 0120-PM-PY0003) is attached	
x	A return receipt for its submission to the PHMC is attached	
x	The PHMC review letter is attached	
x	Section G.7. The boxes are checked regarding Pennsylvania Natural Diversity Inventory (PNDI)	
x	Pennsylvania Natural Diversity Inventory (PNDI) Project Environmental Review Receipt is attached	
x	PNDI Review Receipt, if no potential impacts identified, is not older than 2 years	

x	All supporting resolution documentation from jurisdictional agencies (when necessary) is attached and not older than 2 years	
N/A	A completed PNDI Large Project Form (PNDI Form) (Form 8100-FM-FR0161) is attached with all supplemental materials and DEP is requested to complete the search.	
<i>Section H: Alternative Sewage Facilities Analysis</i>		
x	The Alternative Sewage Facilities Analysis is attached	
x	All information required in the module directions has been addressed	
<i>Section I: Compliance with Water Quality Standards and Effluent Limitations</i>		
N/A	The box is checked regarding Waters Designated for Special Protection	
N/A	The Social or Economic Justification is attached	
N/A	The box is checked regarding Pennsylvania Waters Designated As Impaired	
N/A	The box is checked regarding Interstate and International Waters	
N/A	The box is checked regarding Tributaries to the Chesapeake Bay and the required information is provided	
N/A	The Name of Permittee Agency, Authority, Municipality and the Initials of Responsible Agent are provided	
N/A	If discharge to an intermittent stream, dry swale or manmade ditch is proposed, provide evidence that a certified letter has been sent to each owner of property over which the discharge will flow until perennial conditions are met	
<i>Section J: Chapter 94 Consistency Determination</i>		
x	A map showing the path of the sewage to the treatment facility and the location of the discharge is provided	
x	Section J.1. The Project Flows are provided	
x	Section J.2. The permitted, existing, and projected average and peak flows are provided in the table for collection, conveyance and treatment facilities	
x	Section J.3.a. The appropriate box is checked indicating capacity in the Collection and Conveyance Facilities	
x	Section J.3.b. The Collection System information is completed, signed and dated	
x	Section J.3.b. The Conveyance System information is completed, signed and dated	
x	Section J.4.a. The appropriate box is checked regarding projected overloads at the Treatment Facility	
x	Section J.4.b. The Treatment Facility information is completed, signed and dated	
x	The Permittee of the wastewater treatment facility has submitted a Chapter 94 Wasteload Management Report, which includes the	



N/A	information for the collection and conveyance system to serve this project	
N/A	An acceptable Wasteload Management Report Corrective Action Plan (CAP) and schedule has been submitted, as well as a connection management plan	
N/A	A letter from the permittee, which grants allocations to the project consistent with the CAP, and a copy of the connection management plan has been submitted	
N/A	Letter indicating the treatment plant is an interim regional treatment facility is attached	
<i>Section K: Treatment and Disposal Options</i>		
N/A	For proposed treatment facilities, the appropriate box is checked indicating the selected Treatment and Disposal Option	
<i>Section L: Permeability Testing</i>		
N/A	The Permeability Testing information is attached	
<i>Section M: Preliminary Hydrogeologic Study</i>		
N/A	The Preliminary Hydrogeologic Study is attached	
N/A	The Preliminary Hydrogeologic Study is signed and sealed by a Professional Geologist	
<i>Section N: Detailed Hydrogeologic Study</i>		
N/A	The Detailed Hydrogeologic Study is attached	
N/A	The Detailed Hydrogeologic Study is signed and sealed by a Professional Geologist	
<i>Section O: Sewage Management</i>		
x	Section O.1. The box is checked indicating municipal or private facilities	
N/A	If municipal, the remainder of Section O is not applicable	
N/A	If private, the required analysis and evaluation of sewage management options is attached	
N/A	Section O.2. The appropriate box is checked regarding the use of nutrient credits or offsets	
N/A	Section O.3. The Project Flows for the private facilities are provided	
N/A	Section O.4.a. The appropriate box is checked indicating capacity in the existing private Collection and Conveyance Facilities	
N/A	Section O.4.b. The private Collection System information is completed, signed and dated	
N/A	Section O.4.c. The private Conveyance System information is completed, signed and dated	
N/A	Section O.5.a. The appropriate box is checked regarding projected overloads at the private Treatment Facility	
N/A	Section O.5.b. The private Treatment Facility information is completed, signed and dated	

N/A	Section O.6. The box is checked indicating the municipality will assure proper operation and maintenance of the proposed private facilities	
N/A	The required documentation of sewage management is attached	
<i>Section P: Public Notification Requirement</i>		
x	All Public Notification boxes in this section are checked	
x	The public notice is attached, if public notification is necessary	
x	All comments received as a result of the notice are attached	
x	The municipal responses to these comments are attached	
x	The box is checked indicating that no comments were received, if valid	
<i>Section Q: False Swearing Statements</i>		
x	The planning module preparer's false swearing statement is completed and signed	
<i>Section R: Planning Module Review Fee</i>		
x	The correct fee has been calculated	
x	The correct fee has been paid	
N/A	The request for fee exemption has been checked	
N/A	The deed reference information is provided to support the fee exemption	
<i>Completeness Checklist</i>		
x	The module completeness checklist is included	
x	All completeness items have been checked as included by the municipality, as appropriate	
x	The Municipal Official has signed and dated the checklist	

CERTIFICATION STATEMENT

I certify that this submittal is complete and includes all requested items. I understand that failure to submit a complete module package may result in a denial of the application.

Signed: Rachel L. Butch  
**Applicant (or Applicant's authorized representative)**

Date: 4/7/2022

Signed: [Signature]  
**Municipal Secretary**

Date: 4/18/2022

## Checklist



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

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.
- ☒ Proof of Public Notification (if applicable).
- ☒ 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).
- ☒ Preliminary hydrogeology (if applicable).
- ☒ Detailed hydrogeology (if applicable).

#### 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  
5/5/2022  
\_\_\_\_\_  
Date submittal determined complete