



DELAWARE COUNTY HEALTH DEPARTMENT Environmental Health Division

Design Sheet for Holding Tanks

Refer to Chapter 73, [§73.61](#) through [§73.62](#)

Section I - Applicant Information

Applicant's Name _____ Phone # _____ Ext _____

Mailing Address _____
Street _____ City _____ State _____ Zip Code _____

Sewage Permit # _____ Well Permit # _____ UPI _____

Site Address _____
Street _____ City _____ PA _____
State _____ Zip Code _____

Municipality _____

Section II - Design

Type of Holding Tank _____ Type of Work _____ Type of Facility _____

[\(Section 73.17\)](#)

Number of Bedrooms _____ Gallons per Day _____

Building Sewer Diameter _____ Inches Pipe Type _____ Schedule 40 or equivalent

[\(Section 73.21\)](#)

Tank Capacity _____ Gal. # of Tanks _____ # of Compartments per Tank _____

[\(Section 73.62\(b\)\)](#) Tank Diagram must be attached

Required Warning Device - Audible and Visual

Section III - Liquid Waste Hauler

Liquid Waste Hauler Name: _____ DCHD License # _____

The pumping contract is attached and signed by the liquid waste hauler and the property owner

Section IV - Planning

Does the municipality presently have a holding tank ordinance?: _____

Does the municipality require an O & M agreement?: _____

Has Act 537 planning been completed? _____

DEP Code #: 1-15 _____

Approximate date that public sewerage systems will be available (this applies only to interim tanks) _____

Note: Two copies of this completed form must be submitted

Applicant Signature _____ Date _____ DCHD Signature _____ Date _____