



# MONTGOMERY COUNTY HEALTH DEPARTMENT

**Norristown Health Center**  
1430 DeKalb Street, PO Box 311  
Norristown, PA 19404-0311  
610-278-5117  
Fax: 610-278-5167

**Pottstown Health Center**  
364 King Street  
Pottstown, PA 19464  
610-970-5040  
Fax: 610-970-5048

**Eastern Court House Annex**  
102 York Road, Suite 401  
Willow Grove, PA 19090  
215-784-5415  
Fax: 215-784-5524

## DIVISION OF WATER QUALITY MANAGEMENT

### DESIGN SHEET FOR HOLDING TANKS

Refer to Chapter 71, Section 71.63  
Refer to Chapter 73, Section 73.61 – 73.62

Application No. \_\_\_\_\_ Municipality \_\_\_\_\_ Date \_\_\_\_\_

1. Type of facility: \_\_\_\_\_ New \_\_\_\_\_ Existing  
\_\_\_\_\_ Residential \_\_\_\_\_ Non-Residential

2. Sewage Flow (73.17) \_\_\_\_\_ Number of Bedrooms  
\_\_\_\_\_ Gallons/Day

3. Building sewer (73.21)  
Diameter \_\_\_\_\_ Pipe type \_\_\_\_\_

4. Liquid capacity of tank \_\_\_\_\_ gallons (1000 gallon minimum)

Liquid depth of tank \_\_\_\_\_ feet \_\_\_\_\_ inches

Tank must comply with Section 73.31(b)

Number of tanks \_\_\_\_\_

Number of compartments of each tank \_\_\_\_\_

5. Type of warning device \_\_\_\_\_

6. Number of manhole accesses for pump-out \_\_\_\_\_  
(minimum one per tank)

7. Will the holding tank meet isolation distance requirements of Section 73.13(b)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

8. Homeowner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

9. Sewage Hauler's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_



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- 10. Sewage Hauler's MCHD Sticker No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_
  
- 11. Sewage Disposal Site Permit No. \_\_\_\_\_  
Address of Disposal Site \_\_\_\_\_  
Telephone Number \_\_\_\_\_
  
- 12. Pumping Contract No. \_\_\_\_\_ (original and one (1) copy must be attached).  
**Must be a two party contract.** Contract to state the holding tank will be pumped as often as necessary to keep contents from overflowing.

**\* For new construction answer the following:**

- 1. Does local municipality presently have a holding tank ordinance \_\_\_\_\_? (Attach copy)
  
- 2. Has municipality officially revised their official sewer plan to allow for the use of a holding tank at this location and have they provided for its replacement by adequate sewerage services in accordance with a schedule approved by the Pennsylvania Department of Environmental Protection \_\_\_\_\_?
  
- 3. Public sewerage systems will be available to this area on \_\_\_\_\_.  
Have contracts been signed by the municipality \_\_\_\_\_? If so, date of system completion \_\_\_\_\_.

**NOTE:** Two (2) copies of this completed form must be submitted.

Form: design for holding tank  
MCHD-WQM-019  
Revised: 11/13