COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

INSTRUCTIONS FOR COMPLETING COMPONENT 4C
COUNTY OR JOINT HEALTH DEPARTMENT REVIEW

Remove and recycle these instructions prior to mailing component to the approving agency.

Background

This component, Component 4, is used to obtain the comments of planning agencies and/or health departments having jurisdiction over the project area. It is used in conjunction with other planning module components appropriate to the characteristics of the project proposed.

Who Should Complete the Component?

The component should be completed by any existing municipal planning agency, county planning agency, planning agency with areawide jurisdiction, and/or health department having jurisdiction over the project site. It is divided into sections to allow for convenient use by the appropriate agencies.

The project sponsor must forward copies of this component, along with supporting components and data, to the appropriate planning agency(ies) and health department(s) (if any) having jurisdiction over the development site. These agencies are responsible for responding to the questions in their respective sections of Component 4, as well as providing whatever additional comments they may wish to provide on the project plan. After the agencies have completed their review, the component will be returned to the applicant. The agencies have 60 days in which to provide comments to the applicant. If the agencies fail to comment within this 60 day period, the applicant may proceed to the next stage of the review without the comments. The use of registered mail or certified mail (return receipt requested) by the applicant when forwarding the module package to the agencies will document a date of receipt.

After receipt of the completed Component 4 from the planning agencies, or following expiration of the 60 day period without comments, the applicant must submit the entire component package to the municipality having jurisdiction over the project area for review and action. If approved by the municipality, the proposed plan, along with the municipal action, will be forwarded to the approving agency (Department of Environmental Protection or delegated local agency). The approving agency, in turn, will either approve the proposed plan, return it as incomplete, or disapprove the plan, based upon the information provided.

Instructions for Completing Planning Agency and/or Health Department Review Component

Section A. Project Name

Enter the project name as it appears on the accompanying sewage facilities planning module component (Component 2, 2m, 3, 3s or 3m).

Section B. Review Schedule

Enter the date the package was received by the reviewing agency, and the date that the review was completed.

Section C. Agency Review

1. Answer the yes/no questions and provide any descriptive information necessary on the lines provided. Attach additional sheets, if necessary.

2. Complete the name, title, and signature block.

Section D. Additional Comments

The Agency may provide whatever additional comment(s) it deems necessary, as described in the form. Attach additional sheets, if necessary.

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DEP Code #:

SEWAGE FACILITIES PLANNING MODULE
COMPONENT 4C - COUNTY OR JOINT HEALTH DEPARTMENT REVIEW

Note to Project Sponsor: To expedite the review of your proposal, one copy of your completed planning module package and one copy of this *Planning Agency Review Component* should be sent to the county or joint county health department for their comments.

SECTION A. PROJECT NAME (See Section A of instructions)

Project Name

_____

SECTION B. REVIEW SCHEDULE (See Section B of instructions)

1. Date plan received by county or joint county health department _____

   Agency name _____

2. Date review completed by agency _____

SECTION C. AGENCY REVIEW (See Section C of instructions)

Yes	No		
☐	☐	1.	Is the proposed plan consistent with the municipality's Official Sewage Facilities Plan? If no, what are the inconsistencies? _____
☐	☐	2.	Are there any wastewater disposal needs in the area adjacent to this proposal that should be considered by the municipality? If yes, describe _____
☐	☐	3.	Is there any known groundwater degradation in the area of this proposal? If yes, describe _____
☐	☐	4.	The county or joint county health department recommendation concerning this proposed plan is as follows: _____
		5.	Name, title and signature of person completing this section: Name: _____ Title: _____ Signature: _____ Date: _____ Name of County Health Department: _____ Address: _____ Telephone Number: _____

SECTION D. ADDITIONAL COMMENTS (See Section D of instructions)

This component does not limit county planning agencies from making additional comments concerning the relevancy of the proposed plan to other plans or ordinances. If additional comments are needed, attach additional sheets.

The county planning agency must complete this component within 60 days.

This component and any additional comments are to be returned to the applicant.