

Cecil Township Municipal Authority
Residential Application For Sewer Connection Permit

Date: _____

Applicant: _____

Property Owner Name: _____ Phone# _____

Current Address: _____
(Street) (City) (State) (Zip)

Location of Property: _____ Parcel ID: _____
(Development) (Lot#)

Service Address: _____
(Street) (City) (State) (Zip)

Type of Water Service: Public ___ Well ___ Cistern ___ Other _____

Will this be rental property: Yes ___ No ___ If Yes, tenant name: _____

Billing Address (If Different From Service Address): _____
(Street) (City) (State) (Zip)

General Contractor Name: _____ Phone#: _____

Address: _____
(Street) (City) (State) (Zip)

Plumbing Contractor (Building Sewer): _____ Phone#: _____

Contact for Sewer Related Issues _____ Phone#: _____

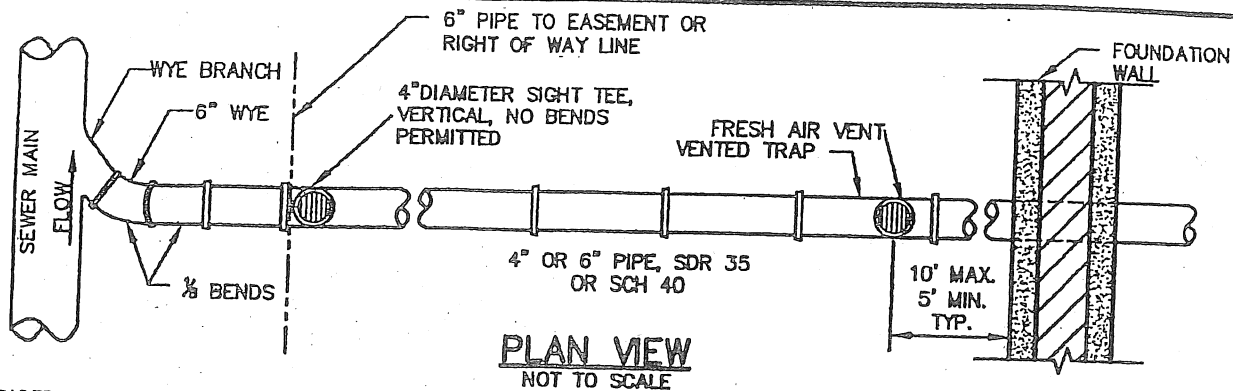
Submission of this application represents your acceptance of the following terms:

1. **Permits are not refundable**
2. **Tapping fees must be paid when submitting this application**

Signature of Owner: _____

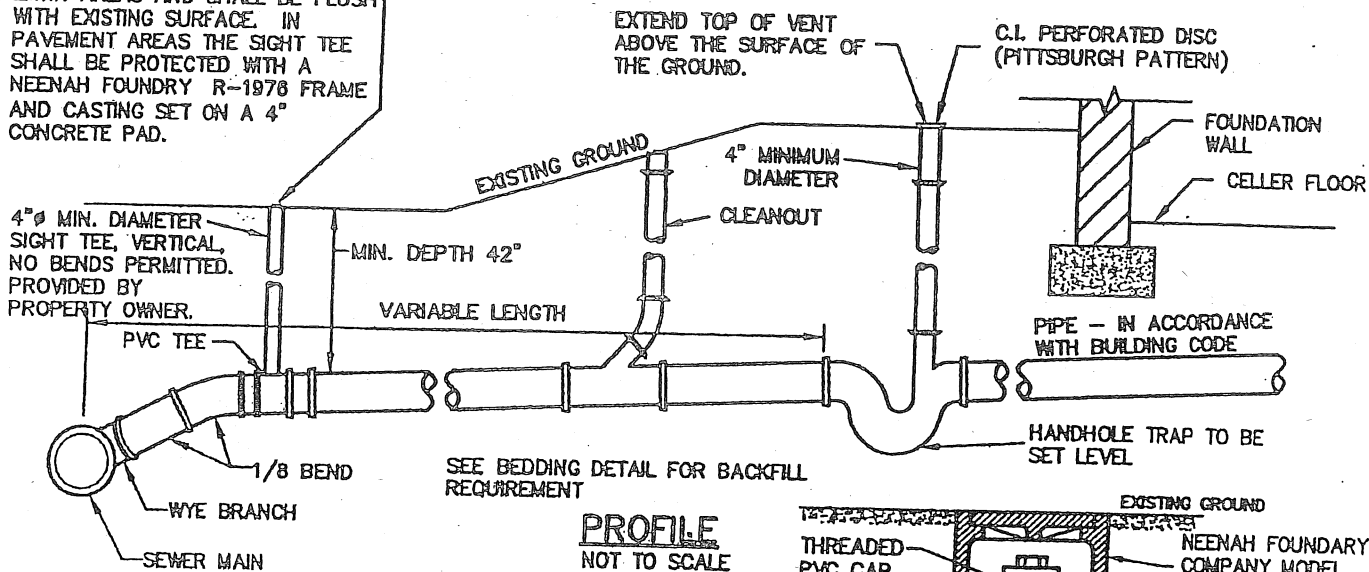
This permit is granted pursuant to Cecil Township Ordinance NO 2-84. All work must be done in accordance with the plans and specifications and the Rules and Regulations of the Authority. Installation made under this permit must be inspected prior to back filling. For inspections call 724-746-4848 at least 24 hours in advance.

For CTMA Use Only:	Single Family _____	Multi-Family _____	Commercial _____
Date Received: _____	Date Reviewed: _____		
Watershed: BR ___ SP ___ CB ___	TEO ___	Millers Run _____	Morganza Road _____
Construction documents provided: Yes _____	No _____	Waived _____	
Documents satisfactory: Yes _____	No _____	Resubmit _____	
Permit Release authorization: _____	Date: _____		
Permit Fee\$ _____	Check# _____		
Review Comments: _____	(see Attached)		

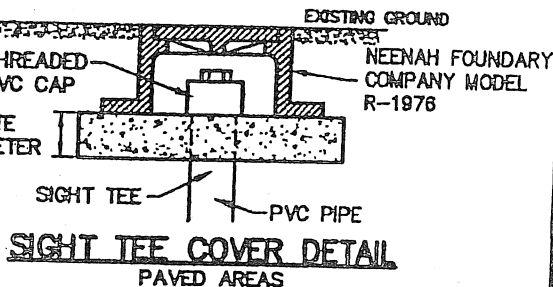


PLAN VIEW
NOT TO SCALE

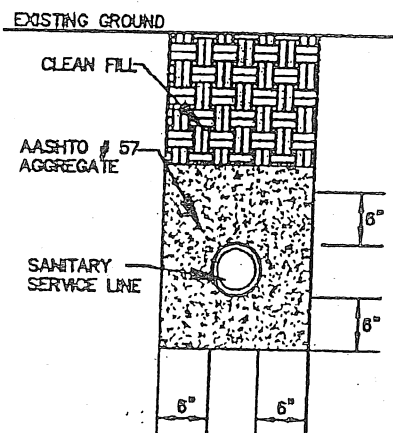
PVC THREADED CAP TO BE USED IN LAWN AREAS AND SHALL BE FLUSH WITH EXISTING SURFACE. IN PAVEMENT AREAS THE SIGHT TEE SHALL BE PROTECTED WITH A NEENAH FOUNDRY R-1978 FRAME AND CASTING SET ON A 4" CONCRETE PAD.



PROFILE
NOT TO SCALE



SIGHT TEE COVER DETAIL
PAVED AREAS



LATERAL BEDDING DETAIL
Not To Scale

- NOTE:**
- 1.) A TEST TEE MUST BE PROVIDED FOR THE AIR TESTING OF THE LATERAL.
 - 2.) NO ROOF, STORM, CELLER SEEPAGE, SURFACE WATER OR GROUND WATER OF ANY NATURE SHALL BE ALLOWED TO ENTER THE SEWER SYSTEM. DYE AND/ OR SMOKE TESTING WILL BE PERFORMED BY THE AUTHORITY WHERE REQUIRED.
 - 3.) LATERAL MUST BE INSPECTED AND APPROVED BY THE AUTHORITY & BUILDING INSPECTOR PRIOR TO BACKFILL.
 - 4.) PIPE FITTINGS SHALL MEET THE REQUIREMENTS OF ASTM SPECIFICATIONS D 1785 FOR SCH 40 ASTM D 3034 PVC DR 35.
 - 5.) THE MINIMUM PIPE SLOPE FOR A 4" DIAMETER PIPE SHALL BE 1/4" PER FOOT. FOR SLOPES LESS THAN 1/4" PER FOOT 6" DIAMETER PIPE SHALL BE USED. THE MINIMUM SLOPE FOR 6" DIAMETER PIPE SHALL BE 1/8" PER FOOT.
 - 6.) CLEANOUTS REQUIRED EVERY 100'.
 - 7.) IF FRESH AIR VENT IS WITHIN 4' STRUCTURE, THE FRESH AIR VENT MUST BE LOCATED A MINIMUM OF 10' AWAY FROM ANY FRESH AIR INTAKE TO SAID STRUCTURE.

STANDARD CONNECTION TO SANITARY SEWER

Not To Scale

ADOPTED BY THE BOARD:

REVISIONS:
4-25-05-SIGHT TEE

CECIL TOWNSHIP MUNICIPAL AUTHORITY CONSTRUCTION STANDARDS

THE GATEWAY ENGINEERS, INC.

SC-10