

**MCKEAN TOWNSHIP HOLDING TANK CERTIFICATE OF USE APPLICATION**

(\$50.00 Application Fee must accompany application)

Property Index No. \_\_\_\_\_

Application No. \_\_\_\_\_

**Board of Supervisors:**

I, the undersigned hereby make application for the construction, maintenance, and use of a holding tank for institutional, commercial or recreational use with a sewage flow of 400 gallons per day or less only within the I-1 Industrial and B-1 Highway Plaza Commercial zoning districts located only within the Subarea 1 of User District I and Edinboro Road from the McKean Borough line to the Summit Township line, identified in the McKean Township Act 537 Plan, for a limited duration of time and not as a permanent or long term sewage system alternative on my property located at: \_\_\_\_\_

**Applicant Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Landowner Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Existing use of property \_\_\_\_\_

Proposed use of property \_\_\_\_\_

Description of existing and proposed uses of the buildings, structures or facilities to be served by holding tank \_\_\_\_\_  
\_\_\_\_\_

**Specifications of holding tank:**

1. Size: \_\_\_\_\_ Gal. (1,000 gallons minimum capacity)
2. Construction Material: \_\_\_\_\_ (precast concrete, steel, or constructed onsite if over 5,000 gallons)
3. Wall Thickness: \_\_\_\_\_ Inches (2-1/2 inches minimum wall thickness)
4. Cover Thickness: \_\_\_\_\_ Inches (3 inches minimum cover thickness)
5. Inside Horizontal Dimension: \_\_\_\_\_ Inches (36 inches minimum inside horizontal dimension)
6. Number of compartments: \_\_\_\_\_ (Shall not exceed 4 compartments)
7. Warning Device: Audible and visual signal to indicate when holding tank is filled to within 75% of capacity

**Average daily sewage flow:** \_\_\_\_\_ Gal.

Description of the methods and means of calculating or otherwise arriving at said estimate: \_\_\_\_\_  
\_\_\_\_\_

**Person providing collection, transportation and disposal of sewage contents of holding tank:**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*Attach proof that person providing services is authorized and licensed.**

**\*Attach copy of agreement or contract under which the person is obligated to provide services.**

Location site of disposed sewage \_\_\_\_\_

**\*Attach proof of DEP approval of disposal site.**

**MCKEAN TOWNSHIP HOLDING TANK CERTIFICATE OF USE APPLICATION CON'T.**

**\*Attach proof of adequate insurance covering disposal services, i.e., workmen's compensation, liability and property insurance.**

ECDH	Holding	Tank	Permit
No. _____	_____	_____	_____

(attach permit, or if permit has not yet been issued, submit copy of application to ECDH)

**Other Conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved _____	20 _____
Expires _____	20 _____
Refused _____	20 _____

**Reasons for Refusal** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_  
**Secretary, Board of Supervisors**

We, the landowner and applicant are fully aware of and understand all of the provisions of Ordinance No. 2-95 known as the McKean Township Holding Tank Ordinance and all other applicable local, state and federal laws, statutes, ordinances, resolutions, rules and regulations in any way pertaining to sewage systems and sewage disposal, and that by submitting this required application, agree to indemnify and hold harmless McKean Township, the Supervisors and their authorized agents, employees and representatives from and against any and all causes of action, whether at law or equity, costs, damages, fines, losses or penalties, whether liquidated or unliquidated, that may be suffered or incurred by the Township, the Supervisors and their authorized agents, employees and representatives resulting from or in any way connected to the issuance of the Township's holding tank certificate of using being sought by the applicant.

Signature of applicant: \_\_\_\_\_

Signature of landowner: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(Seal)

My commission expires:\_\_\_\_\_

**(ATTACH PLOT PLAN)**