



Pennsylvania Department of Environmental Protection

3001 Fairway Drive  
Altoona, PA 16602  
April 24, 2008

Altoona District Office

814-946-7290  
FAX 814-949-7938

Juniata Township Supervisors  
C/O Alice Kocik, Secretary  
11701 Snyders Run Road  
Huntingdon, PA 16652-8212

Re: Exemption from Sewage Facilities Planning  
William Felton Subdivision  
APS ID No. 644037, Site ID No. 704864  
DEP Code #A3-31920-075-2E  
Juniata Township, Huntingdon County

Ladies and Gentlemen:

This confirms the Department's determination that the above-referenced project is exempt from the requirement to revise the official plan for new land development. This determination is based in part on municipal and other sign-offs.

Please reference the DEP Code Number above when either corresponding on this project or applying for permits.

Sincerely,

Michael P. Donoughe  
Sewage Planning Specialist 1  
Water Management Program

cc: William Felton  
John Young, Consultant  
Barry Parks, SEO





DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

**SITE INVESTIGATION AND PERCOLATION  
TEST REPORT FOR ONLOT DISPOSAL OF SEWAGE**

INSTRUCTIONS FOR COMPLETION OF THIS FORM ARE LOCATED ON THE REVERSE SIDE

Application No. \_\_\_\_\_ Municipality Juniata County Huntingdon  
 Site Location FRONT LOT LOWER SITE Subdivision Name Fallon  
 **SUITABLE** Soil Type BEAKS Slope 5 % Depth to Limiting Zone 32 Ave. Perc. Rate 59  
 **UNSUITABLE**  Mottling  Seeps or Pooled Water  Bedrock  Fractures  Coarse Fragments  
 Perc. Rate  Slope  Unstabilized Fill  Floodplain  Other \_\_\_\_\_

**SOILS DESCRIPTION**

Soils Description Completed by BSP Date 8-18-09

Inches	Description of Horizon
0 TO 6	MED BROWN SILTY LOAM 15% CF
6 TO 32	WEAK BROWN SILTY CLAY LOAM 25% CF WT 32"
TO _____	_____
TO _____	_____
TO _____	_____
TO _____	_____

**PERCOLATION TEST**

Percolation Test Completed by BSP/JG Date 8-20-09

Weather Conditions:  Below 40°F  40°F or above  Dry  Rain, Sleet, Snow (last 24 hours)  
 Soil Conditions:  Wet  Dry  Frozen

Hole No.	Yes	No	Reading Interval	Reading No. 1	Reading No. 2	Reading No. 3	Reading No. 4	Reading No. 5	Reading No. 6	Reading No. 7	Reading No. 8
				Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop	Inches of drop
1	1		10/30	8	8	8	8				
2	1		10/30	2	13	13	13				
3		1	10/30	15	15	15	15	15	15	15	
4	1		10/30	13	13	13	13	13			
5	1		10/30	2	2	2	2				
6	1		10/30	8	8	8	8				

\*\*Water remaining in the hole at the end of the final 30-minute presoak? Yes, use 30-minute interval; No, use 10-minute interval.

**Calculation of Average Percolation Rate:**

Hole No.	Drop during final period	Perc. Rate as Minutes/Inch	Depth of Hole
1	8	120	20
2	13	17.1	
3	15	7.3	
4	13	24	
5	2	60	
6	8	120	
TOTAL OF MIN / IN →		312.4	= 52.1
TOTAL NO. OF HOLES →		6	

Min  
Inch

The information provided is the true and correct result of tests conducted by me, performed under my personal supervision, or verified in a manner approved by DEP.

(S) Benny Parks  
Sewage Enforcement Officer

White - Local Agency

Yellow - Applicant

Pink - Local DEP Office



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

**SITE INVESTIGATION AND PERCOLATION  
TEST REPORT FOR ONLOT DISPOSAL OF SEWAGE**

INSTRUCTIONS FOR COMPLETION OF THIS FORM ARE LOCATED ON THE REVERSE SIDE

Application No. \_\_\_\_\_ Municipality Juniata County Huntingdon  
 Site Location Front lot upper site Subdivision Name Feltax  
 **SUITABLE** Soil Type BEAKS Slope 10 % Depth to Limiting Zone 24 Ave. Perc. Rate 43  
 **UNSUITABLE**  Mottling  Seeps or Pooled Water  Bedrock  Fractures  Coarse Fragments  
 Perc. Rate  Slope  Unstabilized Fill  Floodplain  Other \_\_\_\_\_

**SOILS DESCRIPTION**

Soils Description Completed by BJP Date 8-18-09

Inches	Description of Horizon
0 TO 6	NEAR BROWN silty loam 15% CF
6 TO 24	NEAR BROWN silty clay loam 25% CF WT 24"
TO _____	_____
TO _____	_____
TO _____	_____
TO _____	_____

**PERCOLATION TEST**

Percolation Test Completed by BJP Date 8-20-09

Weather Conditions:  Below 40°F  40°F or above  Dry  Rain, Sleet, Snow (last 24 hours)  
 Soil Conditions:  Wet  Dry  Frozen

Hole No.	Yes	No	Reading Interval	Reading No. 1 Inches of drop	Reading No. 2 Inches of drop	Reading No. 3 Inches of drop	Reading No. 4 Inches of drop	Reading No. 5 Inches of drop	Reading No. 6 Inches of drop	Reading No. 7 Inches of drop	Reading No. 8 Inches of drop
1	1		10/30	22	23	24	25				
2	1		10/30	38	4	38	4				
3		1	10/30	34	2	13	13	12	12	13	
4		1	10/30	34	2	12	38				
5	1		10/30	2	13	13	13				
6	1		10/30	34	38	38	38				

\*\*\*Water remaining in the hole at the end of the final 30-minute presoak? Yes, use 30-minute interval; No, use 10-minute interval.

**Calculation of Average Percolation Rate:**

Hole No.	Drop during final period	Perc. Rate as Minutes/Inch	Depth of Hole
1	27	13.3	20
2	4	120	
3	12	6.7	
4	38	48	
5	134	17.1	
6	38	48	
TOTAL OF MIN / IN →		253.1	= 42.2
TOTAL NO. OF HOLES →		6	

Min  
Inch

The information provided is the true and correct result of tests conducted by me, performed under my personal supervision, or verified in a manner approved by DEP.  
 (S) Benny Paul  
 Sewage Enforcement Officer

1. Development Information

Name of Development WILLIAM S. FELTON
Developer Name WILLIAM S. FELTON
Address 6316 JASON DRIVE
HUNTINGDON PA 16652
Telephone # 814-506-1531

2. Location of Development

a. County HUNTINGDON
b. Municipality JINIATA
c. Address or Coordinates EAST SIDE OF PINEY RIDGE ROAD SR 3033 AT INTERSECTION WITH L DEFARD BENCH ROAD TR 503
d. USGS Quad Name HUNTINGDON
inches up 16.7 over 3.9
from bottom right corner of map.

3. Type of Development Proposed

(check appropriate box)
[X] Residential [ ] Multi-Residential
Describe SUBDIVISION OF LOT 3A CONT 6.00 ACRES
[ ] Commercial [ ] Institutional
Describe
[ ] Brownfield Site Redevelopment
[ ] Other (specify)

4. Size

a. # of lots 2 # of EDUs 800
b. # of lots since 5/15/72 5
c. Development Acreage 6.00 ACRES
d. Remaining Acreage 0

5. Sewage Flows 800 gpd

6. Proposed Sewage Disposal Method

(check appropriate boxes)

a. [ ] Sewerage System
[ ] Existing (connection only) [ ] New (extension)
[ ] Public [ ] Private
[ ] Pump Station(s)/Force Main [ ] Gravity
Name of existing system being extended
Interceptor Name
Treatment Facility Name
NPDES Permit #

b. [ ] Construction of Treatment Facility
[ ] With Stream Discharge
[ ] With Land Application (not including IRSIS)
[ ] Other
[ ] Repair?
Name of waterbody where point of discharge is proposed (if stream discharge)

c. [ ] Onlot Sewage Disposal Systems (check appropriate box)
[X] Individual onlot system(s) (including IRSIS)
[ ] Community onlot system
[ ] Large-Volume onlot system
d. [ ] Retaining tanks

Number of Holding Tanks
Number of Privies

7. [ ] Request Sewage Facilities Planning Module forms in electronic format

8. Request for Planning Exemption

a. Protection of rare, endangered or threatened species
Check one:
[X] The "PNDI Project Environmental Review Receipt" is attached. or
[ ] A completed "PNDI Project Planning & Environmental Review Form," (PNDI Form) is attached. I request DEP staff to complete the required PNDI search for my project. I realize that my planning exemption will be considered incomplete and that the DEP processing of my planning exemption request will be delayed, until a "PNDI Project Environmental Review Receipt" and all supporting documentation from jurisdictional agencies (when necessary) is/are received by DEP.

Applicant or Consultant Initials

b. [X] Plot Plan Attached [X] Site Reports Attached

c. Onlot Disposal Systems

(1) I certify that the Official Plan shows this area as an onlot service area.

(Signature of Municipal Official) Date

Name (Print) Title

Municipality (must be same as in 2.b.)

Telephone #

(2) I certify that each lot in this subdivision has been tested and is suitable for both a primary and replacement sewage disposal system.

(Signature of SEO) Date

Name (Print) Certification #

Telephone #

(3) I certify that each lot in this subdivision is at least 1 acre in size

(Signature of Project Applicant/Agent) Date

d. Public Sewerage Service (i.e., ownership by municipality or authority)

Based upon written documentation, I certify that the facilities proposed for use have capacity and that no overload exists or is projected within 5 years. (Attach documents.)

(Signature of Municipal Official) Date

Name (Print) Title

Municipality (must be same as in 2.b.)

Telephone #