



Permit No. _____

Township of Spring Sewer Lateral Application

PA Contractor Registration Number _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone No. _____ Applicant's email _____

Property Owners Name _____ Owners Phone No. _____

Owners Address _____

Location of proposed Work _____

Type of Work:

New

Repair

1. Pipe Material? SDR 35 SCH 40 PVC CAST IRON

Please Circle One

2. Pipe Diameter _____ in.

3. Minimum Pitch of Pipe? _____ in. per ft.

4. Transition Coupling Method? _____

Please visit the Township website at www.Springtwpberks.org for additional information regarding Sewer Lateral Specifications.

The Applicant Certifies that all the information given is true and correct and that all Township Ordinances and applicable regulations will be complied with.

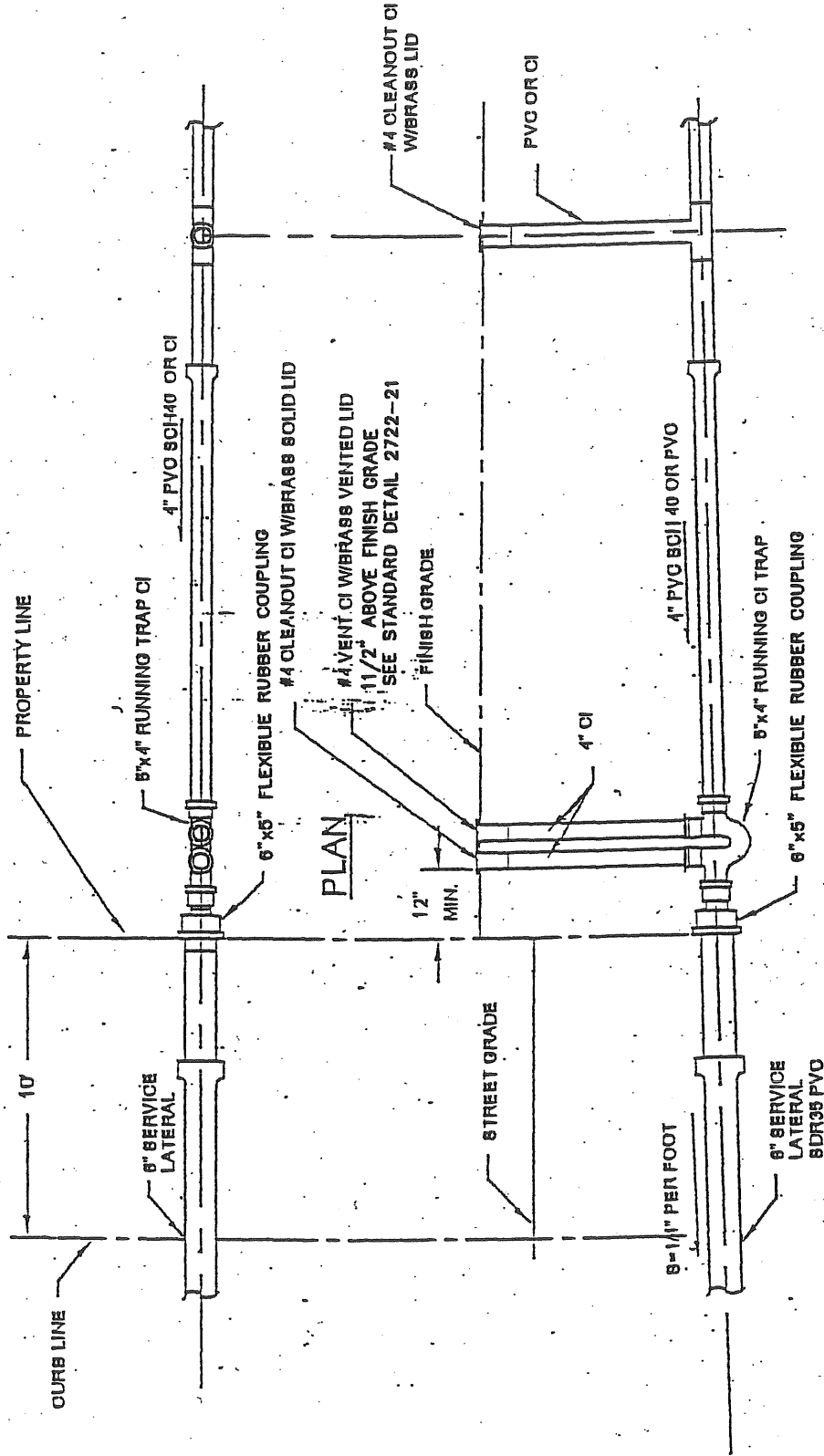
Cost of Improvement \$ _____

Applicant Signature _____ Date _____

Approved _____

Permit Fee _____ Issue Date _____ Denied _____

TOWNSHIP OF SPRING



PROFILE

TYPICAL SERVICE LATERAL WITH TRAP

- NOTE: 1. ALL JOINTS IN ACCORDANCE WITH LOCAL PLUMBING CODE.
 2. WHERE SEWAGE FROM A BUILDING DISCHARGES DIRECTLY INTO A LOW PRESSURE PUMP LIFT STATION, THE RUNNING TRAP SIZE SHALL BE 4" X 4" CI.