

**COUNTY OF MONTGOMERY**



**DEPARTMENT OF HEALTH**  
**MONTGOMERY COUNTY HUMAN SERVICES CENTER**  
1430 DeKALB STREET  
P.O. BOX 311  
NORRISTOWN, PENNSYLVANIA 19404-0311

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August 14, 2006

John Cornell, Manager  
Worcester Township  
1720 Valley Forge Road  
Box 767  
Worcester, PA 19490

Re: Sewage Facilities Planning Module  
Meadow Lane Subdivision  
DEP Code # 1-46962-153-3J  
Worcester Township, Montgomery County, PA

Dear Mr. Cornell:

The Montgomery County Health Department (MCHD) has reviewed the Sewage Facilities Planning Module and completed the Component 4C for M.J.E. Builders, Inc. entitled Meadow Lane Subdivision. The Module was prepared by Woodrow & Associate, Inc. and a completed copy was received by Montgomery County Health Department on August 7, 2006. The Module proposes the construction of lower pressure grinder pump force main sewer system providing public sewer to twelve (12) residential building lots on a 42.5 acre property. Five (5) lots are to be served in the Richard Zaveta project, four (4) lots to be served in the Michael Evans project, and three (3) lots to be served to the Worcester Township lands. A projected flow of 4,800 gallons per day is anticipated to be generated by the cumulative effort of this project. Drinking water for the site will be served by North Penn Water Authority.

MCHD has no objections to the proposed Sewage Facilities Planning Module provided the approval is granted for the extension to the existing public sewer collection system.

**NORRISTOWN HEALTH CENTER**  
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**EASTERN COURT HOUSE ANNEX**  
102 YORK ROAD, SUITE 401  
WILLOW GROVE, PA 19090  
PHONE: (215) 784-5415 FAX: (215) 784-5524



**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  
 Meadow Lane

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

1. Date plan received by county or joint-county health department. Complete Module: August 7, 2006  
 Agency name Montgomery County Health Department
2. Date review completed by agency August 14, 2006

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

- |  |                                     |   |
|--|-------------------------------------|---|
| Yes  | No                                  |   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | 1. Is the proposed plan consistent with the municipality's Official Sewage Facilities Plan?<br>If no, what are the inconsistencies? _____                                 |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 2. Are there any waste water disposal needs in the area adjacent to the new land development that should be considered by the municipality?<br>If yes, describe _____     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 3. Is there any known groundwater degradation in the area of the proposed subdivision?<br>If yes, describe _____  |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | 4. The county or joint county health department recommendation concerning this proposed plan is as follows: <u>Montgomery County Health Department has no objections.</u> |
| 5. Name, title and signature of person completing this section:                                |                                     |   |
| Name: <u>Walter Higgins</u>  |                                     |   |
| Title: <u>Sewage Enforcement Officer / Environmental Health Specialist</u>                     |                                     |   |
| Signature:  |                                     |   |
| Date: <u>August 14, 2006</u>   |                                     |   |
| Name of County Health Department: <u>Montgomery County Health Department has no objections</u> |                                     |   |
| Address: <u>1430 DeKalb Street, P.O. Box 311, Norristown, PA 19404-0311</u>                    |                                     |   |
| Telephone Number: <u>610-278-5117 ext 6729</u>   |                                     |   |

**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.