

Attachment D

**SEWAGE FACILITIES PLANNING MODULE
 COMPONENT 4B - COUNTY PLANNING AGENCY REVIEW**

(or Planning Agency with Areawide Jurisdiction)

Note to Project Sponsor: To expedite the review of your proposal, one copy of your completed planning package and one copy of this *Planning Agency Review Component* should be sent to the county planning agency or planning agency with areawide jurisdiction for their comments.

SECTION A. PROJECT NAME (See Section A of instructions)

Project Name

Act 537 Plan For PL Utilities, LLC

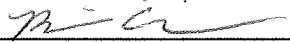
SECTION B. REVIEW SCHEDULE (See Section B of instructions)

1. Date plan received by county planning agency June 10, 2024
2. Date plan received by planning agency with areawide jurisdiction _____
 Agency name _____
3. Date review completed by agency June 10, 2024

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is there a county or areawide comprehensive plan adopted under the Municipalities Planning Code (53 P.S. 10101 <i>et seq.</i>)? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Is this proposal consistent with the comprehensive plan for land use? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Does this proposal meet the goals and objectives of the plan?
If no, describe goals and objectives that are not met _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Is this proposal consistent with the use, development, and protection of water resources?
If no, describe inconsistency _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Is this proposal consistent with the county or areawide comprehensive land use planning relative to Prime Agricultural Land Preservation?
If no, describe inconsistencies: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Does this project propose encroachments, obstructions, or dams that will affect wetlands?
If yes, describe impact _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Will any known historical or archeological resources be impacted by this project?
If yes, describe impacts _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Will any known endangered or threatened species of plant or animal be impacted by the development project?
If yes, describe impacts _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Is there a county or areawide zoning ordinance? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Does this proposal meet the zoning requirements of the ordinance?
If no, describe inconsistencies _____ |

SECTION C. AGENCY REVIEW (continued)

Yes	No	
<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/>	11. Have all applicable zoning approvals been obtained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Is there a county or areawide subdivision and land development ordinance?
<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/>	13. Does this proposal meet the requirements of the ordinance? If no, describe which requirements are not met _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Is this proposal consistent with the municipal Official Sewage Facilities Plan? If no, describe inconsistency _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Are there any wastewater disposal needs in the area adjacent to this proposal that should be considered by the municipality? If yes, describe <u>Along SR 507</u>
<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/>	16. Has a waiver of the sewage facilities planning requirements been requested for the residual tract of this subdivision?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, is the proposed waiver consistent with applicable ordinances. If no, describe the inconsistencies _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Does the county have a stormwater management plan as required by the Stormwater Management Act?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, will this project plan require the implementation of storm water management measures?
18. Name, Title and signature of person completing this section:		
Name: <u>Brian Snyder</u>		
Title: <u>Assistant Mapping Director/Planner</u>		
Signature: <u></u>		
Date: <u>June 10, 2024</u>		
Name of County or Areawide Planning Agency: <u>Pike</u>		
Address: <u>506 Broad Street, Milford, PA 18337</u>		
Telephone Number: <u>570-286-3500</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.