

SEWAGE FACILITIES PLANNING MODULE

COMPONENT 4A - MUNICIPAL PLANNING AGENCY 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 local municipal planning agency for their comments.

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

Project Name

CARLINO/YELLOW PONY FARM; 130 FAIRVIEW RD; EAST FALLOWFIELD TOWNSHIP _____

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

1. Date plan received by municipal planning agency _____
2. Date review completed by agency _____

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

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is there a municipal comprehensive plan adopted under the Municipalities Planning Code (53 P.S. 10101, <i>et seq.</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is this proposal consistent with the comprehensive plan for land use?
If no, describe the inconsistencies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is this proposal consistent with the use, development, and protection of water resources?
If no, describe the inconsistencies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is this proposal consistent with municipal land use planning relative to Prime Agricultural Land Preservation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does this project propose encroachments, obstructions, or dams that will affect wetlands?
If yes, describe impacts _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will any known historical or archaeological resources be impacted by this project?
If yes, describe impacts _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will any known endangered or threatened species of plant or animal be impacted by this project?
If yes, describe impacts _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is there a municipal zoning ordinance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is this proposal consistent with the ordinance?
If no, describe the inconsistencies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the proposal require a change or variance to an existing comprehensive plan or zoning ordinance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have all applicable zoning approvals been obtained? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is there a municipal subdivision and land development ordinance? |

SECTION C. AGENCY REVIEW (continued)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Is this proposal consistent with the ordinance?
If no, describe the inconsistencies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Is this plan consistent with the municipal Official Sewage Facilities Plan?
If no, describe the inconsistencies _____ |
| <input 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 _____ |
| <input type="checkbox"/> | <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 _____ |

17. Name, title and signature of planning agency staff member completing this section:
 Name: Michael Domboski
 Title: Planning Commission Chair person
 Signature: *[Handwritten Signature]*
 Date: 3/25/2025
 Name of Municipal Planning Agency: East Fallowfield Planning Commission
 Address: 2269 Strasburg Rd, East Fallowfield, PA 19320
 Telephone Number: 610-384-7144

SECTION D. ADDITIONAL COMMENTS (See Section D of instructions)

This component does not limit municipal 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 planning agency must complete this component within 60 days.

This component and any additional comments are to be returned to the applicant.

RESOLUTION FOR PLAN REVISION FOR NEW LAND DEVELOPMENT

RESOLUTION OF THE (SUPERVISORS) (COMMISSIONERS) (COUNCILMEN) of EAST FALLOWFIELD
(TOWNSHIP) (BOROUGH) (CITY), CHESTER COUNTY, PENNSYLVANIA (hereinafter "the municipality").

WHEREAS Section 5 of the Act of January 24, 1966, P.L. 1535, No. 537, known as the *Pennsylvania Sewage Facilities Act*, as Amended, and the rules and Regulations of the Pennsylvania Department of Environmental Protection (DEP) adopted thereunder, Chapter 71 of Title 25 of the Pennsylvania Code, require the municipality to adopt an Official Sewage Facilities Plan providing for sewage services adequate to prevent contamination of waters of the Commonwealth and/or environmental health hazards from sewage wastes, and to revise said plan whenever it is necessary to determine whether a proposed method of sewage disposal for a new land development conforms to a comprehensive program of pollution control and water quality management, and

WHEREAS Ann Carlino _____ has proposed the development of a parcel of land identified as
land developer

Yellow Pony Farm _____, and described in the attached Sewage Facilities Planning Module, and
name of subdivision

proposes that such subdivision be served by: (check all that apply), sewer tap-ins, sewer extension, new treatment facility, individual onlot systems, community onlot systems, spray irrigation, retaining tanks, other, (please specify) _____.

WHEREAS, EAST FALLOWFIELD TOWNSHIP _____ finds that the subdivision described in the attached
municipality

Sewage Facilities Planning Module conforms to applicable sewage related zoning and other sewage related municipal ordinances and plans, and to a comprehensive program of pollution control and water quality management.

NOW, THEREFORE, BE IT RESOLVED that the (Supervisors) (Commissioners) (Councilmen) of the (Township)
(Borough) (City) of EAST FALLOWFIELD hereby adopt and submit to DEP for its approval as a revision to the "Official Sewage Facilities Plan" of the municipality the above referenced Sewage Facilities Planning Module which is attached hereto.

I Ann M. Carlino _____, Secretary, East Fallowfield _____
(Signature)

Township Board of (Supervisors) (Borough Council) (City Councilmen), hereby certify that the foregoing is a true copy of the (Township) (Borough) (City) Resolution # 2025-10, adopted, 25th of March, 20 25.

Municipal Address:

EAST FALLOWFIELD TOWNSHIP
2264 EAST STRASBURG ROAD
EAST FALLOWFIELD, PA 19320
Telephone (610)384-7184

Seal of
Governing Body

