

Appendix H: Planning Agency Review- Centre County



DEP Code #

**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 existing county planning agency or planning agency with areawide jurisdiction for their comments.

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

Project Name

Pennsylvania State University Water Reuse System

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

1. Date plan received by county planning agency. _____
2. Date plan received by planning agency with areawide jurisdiction May 9, 2016
Agency name Centre Regional Planning Agency
3. Date review completed by agency June 16, 2016

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? |
| <input type="checkbox"/> | <input checked="" 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 _____ |

Yes	No	SECTION C. AGENCY REVIEW (continued)
<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	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? <i>Municipal ordinance supersedes county SALDO</i>
<input checked="" type="checkbox"/>	<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 Act 537 Official Sewage Facilities Plan? If no, describe inconsistency _____
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	16. Has a waiver of the sewage facilities planning requirements been requested for the residual tract of this subdivision? 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? <i>The Centre Region has a stormwater management plan for Spring Creek watershed</i>
<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>Autumn Radtke</u>
		Title: <u>Senior Planner</u> Signature: <u>Autumn Radtke</u>
		Date: <u>June 16, 2016</u>
		Name of County or Areawide Planning Agency: <u>Centre Regional Planning Agency</u>
		Address: <u>2643 Gateway Dr. State College, PA 16801</u>
		Telephone Number: <u>814.231.3050</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.		