

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION**

REQUEST FOR FIELD INVESTIGATION FOR ON-SITE SEWAGE DISPOSAL SYSTEMS

Make check or money order payable to: Bucks County Department of Health

Mail check and Request Form to: Bucks County Department of Health
Neshaminy Manor Center
1282 Almshouse Road
Doylestown, PA 18901

Fee: See Current Fee Schedule **Fee Submitted:** YES NO
Amount \$ _____

PART I Requester Information

Tax Parcel Number _____

Name of Requester _____

Owner Owner in Equity Other

If other, please specify _____

Note: Letter of designation as agent, copy of agreement of sale, including Tax Parcel Number and owner's signature must accompany this form.

Address: _____

Telephone: _____ Email address: _____

PART II Scaled Plot Plan Submission

It is your responsibility to provide a scaled plot plan (1 inch = 100 feet) of the property to be evaluated.

With this form, include the following:

1. Location of property lines.
2. Location of existing well and all neighbors' wells.
3. Location of all existing buildings and structures.
4. Location of all existing septic systems, including all components known to exist.
5. Location of all neighboring septic systems, if known.
6. Location of existing driveways, right-of-ways.

**TO LOCATE ANY UNDERGROUND UTILITIES
CONTACT PA ONE CALL SYSTEM, INC. 1-800-242-1776 or 811**

Complete both sides of this form

PART III Location of Property to be Evaluated

Tax Parcel Number _____

Municipality _____

Location of Property _____

Tax Parcel Information:

Individual Lot Proposed Subdivision Number of lots proposed: _____

If Individual Lot:

Lot number and Subdivision name _____

Total Acreage _____

Estimated Sewage Flow (gallons per day) _____

If Proposed Subdivision:

Residential Non-Residential

Total Acreage _____

Proposed Number of Lots _____ Estimated

Estimated Sewage Flow (gallons per day) _____

Water Supply: Private Public

Signature of Requestor _____ **Date** _____

AGENT AUTHORIZATION

I(We), _____ owner(s) or owner in equity of the property located in _____ (municipality), Bucks County, Commonwealth of Pennsylvania, more specifically described as _____, TMP# _____ do hereby authorize _____ as my lawful agent exclusively.

My agent is authorized to sign and file requests for field evaluations, Application for an On-Lot Sewage Disposal System, attend meetings and to do any and all other acts necessary for the permitting of said system as per 25 PA Code Chapter 72.24(a) and authorized in my absence to receive the notices required by 35 P.S. 750.7 et. seq (Act 537 Section 7).

Signature

Date