

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
ON-SITE SEWAGE DISPOSAL REPAIR FORM**

Mail check and Repair 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 \$ _____

Tax Parcel Number: _____ Municipality: _____

Site Location: _____

Property Owner: _____

Name

Street

City/Town

State

Zip

What is the purpose of this repair request? _____

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 existing buildings and structures.
4. Location of existing components of on-lot septic system, if known.
5. Location of existing driveway, right-of-ways.

IF APPLICANT IS OWNER IN EQUITY, A COPY OF THE AGREEMENT OF SALE MUST BE SUBMITTED.

Telephone: _____ Email address: _____

Signature of property owner _____ **Date** _____

NOTE: This repair form is a request for a site investigation and NOT to be construed as a permit application for installation of a repair.

PROPERTY OWNER RESPONSIBILITY

In order for the Bucks County Department of Health (BCDH) to evaluate your malfunctioning on-site sewage disposal system and provide you with a repair alternative, the following items are your responsibility to provide for the evaluation:

1. The following items should be staked on your property:
 - a. Property lines if known.
 - b. Water supply(s) on your parcel and within 100 feet of your parcel.
 - c. Sewage disposal system(s).

Complete both sides of this form

2. Contact the appropriate Sewage Enforcement Officer (SEO) at BCDH to schedule a site evaluation by mailing the attached request form and fee.
3. The following items should be provided for the scheduled site evaluation.
 - a. Uncovering of the following (if applicable):
 1. Manhole and inlet/outlet baffle ports on the septic tank(s).
 2. Distribution box(s).
 3. Header distribution pipe in a system without a distribution box.
 - b. A backhoe and operator.
 - c. The property owner, agent, or both, must be present for the site evaluation.
 - d. Prior to any soil testing being conducted at the site(s) the requester or contractor must obtain a PA One Call System code serial number: #_____.

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

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