

**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, Health Building
Doylestown, PA. 18901

Fee: See Current Fee Schedule

Fee Submitted: Yes No

Amount \$ _____

PART 1 Requester Information

Tax Parcel # _____

Owner

Name of Requester _____

Owner in Equity

Other

If other, please specify _____

(Note: Letter of designation as agent, copy of agreement of sale, including Tax Parcel No. and owner's signature, must accompany this form.)

Address: _____

Telephone: Home _____ Work _____

IS THIS REQUEST FOR A DRIP IRRIGATION SYSTEM? Yes No

PART II Scaled Plot Plan Submission

A scaled plot plan (1 inch = 100 feet) of the property to be evaluated must be submitted with this form, and 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

Complete all parts of this form

PART III Location of Property to be Evaluated

Tax Parcel # _____

Municipality _____

Location of Property _____

Tax Parcel Information:

Individual Lot Proposed Subdivision _____ No. of lots Proposed:

Type of Sewage System Proposed: Individual Community _____

If Individual Lot:

Lot No. and Subdivision Name _____

Total Acreage _____

Estimated Sewage Flow (gallons per day) _____

If proposed Subdivision:

Residential Non-Residential

Total Acreage _____

Proposed No. of Lots _____ Estimated

Estimate Sewage Flow (gallons per day) _____

Water Supply: Private Public

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: # _____.

PART IV Request for Office Conference

If a conference is required by requester, when are you available to meet with a Department Representative? _____

To the requester's knowledge, has the Bucks County Department of Health ever investigated this parcel for an on-site sewage disposal system?

Yes No If yes, When? _____

Date: _____ Signature of Requester: _____