



DELAWARE COUNTY HEALTH DEPARTMENT

Environmental Health Division

Evaluation of Existing Septic System(s), Change of Use, or Amended Flows

Applicant & Site Information:

Property Owner: _____ Telephone: _____ Email: _____

Mailing Address: _____
Street City State Zip Code

Site Address: _____
Street City State Zip Code

Site's Municipality: _____ Site's UPI/Tax Parcel: _____

Supporting Information:

Copy of Existing Sewage Permit(s)

Click here for the Delaware County Health Department [File Look-Up Form](#)

Project Narrative

Attach a detailed written description of the project. Provide existing and proposed sewage flows.

Type of Establishment

Residential:

Current: Number of Bedrooms _____ Proposed: Number of Bedrooms _____

Current: Other unit type(s) _____ Proposed: Other unit type(s) _____

Commercial or Institutional:

Include in the Project Narrative current water usage, and proposed change of use.

Plot Plan (Include the following): [Plot Plan Sample](#)

- | | |
|---|--|
| A) Property Lines (include dimensions) | E) Wells/Springs |
| B) Structures & Paved Areas (existing & proposed) | F) Swales/Drainage ways, Rain pits, etc. |
| C) Septic Tank(s), Pump Tank(s), etc. | G) Easements & Right(s) of Way |
| D) Sewage Absorption Areas | H) Water/Utility Service Lines |

Submit payment of \$285

Checks must be made payable to "Delaware County Health Department". Mail to Delaware County Health Department, Environmental Health Division, 1510 Chester Pike, Suite 700, Eddystone, PA, 19022. This fee covers evaluations, any necessary site visits, administration costs, and the response correspondence. You may also pay by credit card *via PayPal*.

Signature of Property Owner: _____ Date: _____

Department Information: *To be Completed by DCHD Only*

Fee: _____ Receipt: _____ Date: _____ Response Date: _____

CCHD Date Stamp

Date of SEO Site Visit: _____ Malfunction No Malfunction

Absorption Area Required: _____ Existing Absorption Area: _____

Tank Vol/Comp. Required: _____ / _____ Existing Tank Vol/Comp: _____ / _____

Determination: Approved Not Approved

SEO Signature: _____ SEO Number: _____