



# DELAWARE COUNTY HEALTH DEPARTMENT

## Environmental Health Division

### Sewage Application Record Form & Sewage Application Rider

Date \_\_\_\_\_

Application \_\_\_\_\_ (# on Sewage Application including letter. i.e., Z12345)

Applicant \_\_\_\_\_ Who is the applicant? \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Same Address

Site Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Site Municipality \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

UPI Number \_\_\_\_\_ Parent Parcel

System Activity \_\_\_\_\_ Permit Class \_\_\_\_\_ Reason for Repair \_\_\_\_\_

Certifier Name \_\_\_\_\_

**Any and all system certification determination letters for all certification inspections completed for the system being repaired or modified MUST be attached.**

Certification Report(s) Attached

Type of Facility to be Served by this System \_\_\_\_\_

# Bedrooms \_\_\_\_\_

# Gal/Day \_\_\_\_\_

# EDUs - non-residential only \_\_\_\_\_ 1 EDU = 400 gpd

Directions to the property must be submitted with the Record Rider form on a separate sheet. Please give directions with the Government Service Center as the starting point.

\* If **Equitable Owner**, proper documentation must be attached.

- Sales Agreement or
- Short Certificate (Executor)
- POA (Power of Attorney) Certificate

#### For Dept. Use Only

Admin. Fee: _____	Receipt: _____	Date: _____	<b>Admin. Fee is non-refundable</b>
Initial Fee: _____	Receipt: _____	Date: _____	
Add. Fee: _____	Receipt: _____	Date: _____	
Transfer Fee: _____	Receipt: _____	Date: _____	



DELAWARE COUNTY HEALTH DEPARTMENT
Environmental Health Division

Sewage Application Rider

Date \_\_\_\_\_

Application # \_\_\_\_\_

I, We, \_\_\_\_\_

owner(s) \_\_\_\_\_ of the real property located in property located in the township of

Delaware County and Commonwealth of Pennsylvania more specifically described as follows:
UPI Number \_\_\_\_\_
Site Address: \_\_\_\_\_
Street City State Zip Code

do hereby authorize, empower and appoint:

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address: \_\_\_\_\_
Email: \_\_\_\_\_

my lawful agent exclusively and specifically with reference to the installation of an on-lot sewage disposal system(s) on the property described above. My agent herein named is authorized, among other things to file applications, conduct tests, attend meetings, receive notices, and to do any and all other acts necessary for the permitting and installation of said system(s). My agent is specifically authorized, in my absence, to receive the notice required by 35 P.S. 750.7 Et. Seq.

I have also reviewed and verified all information provided with this application to be correct.

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Mail to:
Delaware County Health Department
Environmental Health Division
Baldwin Tower, Suite 700
1510 Chester Pike
Eddystone, PA 19022

For Departmental Use Only
Test Pit Observations on \_\_\_\_\_ at \_\_\_\_\_ Initial Presoak on \_\_\_\_\_ at \_\_\_\_\_
Perc Test On \_\_\_\_\_ at \_\_\_\_\_
The above dates meet the 20 working day requirement of Act 537.
The above dates do not meet the 20 working day requirement of Act 537. The dates given have been mutually agreed to by the property owner or his assigned agent and the Delaware County Health Department.