



# DELAWARE COUNTY HEALTH DEPARTMENT

## Environmental Health Division

### Application for DCHD Verification of Prior Testing

#### Applicant Information:

Property/Equitable Owner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Required Information:

Mail the following information with this form to the Delaware County Health Department, Environmental Health Division, 1510 Chester Pike, Baldwin Tower, Suite 700, Eddystone, PA, 19022.

Tax Parcel Number: \_\_\_\_\_

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

Municipality: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Copy of Prior Testing(s) must be submitted with this form.

If Equitable Owner, proper documentation must be submitted with this form.

Sales Agreement or Short Certificate (Executor)

POA (Power of Attorney) Certificate

Submit payment of \$142

Checks must be made payable to "Delaware County Health Department". This fee covers any necessary site visits, administration costs, and the response correspondence. You may also pay by credit card via *PayPal*.

I, the undersigned, give permission and allow the Delaware County Health Department's staff to enter the property to perform all manner of inspections for the purpose of verifying prior testing.

Signature of Property/Equitable Owner: \_\_\_\_\_ Date: \_\_\_\_\_

#### Department Information: To be Completed by DCHD Only

Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_ Response Date: \_\_\_\_\_ DCHD Date Stamp

Date of SEO Site Visit: \_\_\_\_\_

Determination:  Approved  Denied

SEO Signature: \_\_\_\_\_ SEO Number: \_\_\_\_\_