



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: _____	Admin. Fee is non-refundable
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

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.	
rev 4/25/2018	