



DELAWARE COUNTY HEALTH DEPARTMENT

Environmental Health Division

Sewage Application Record Form & Sewage Application Rider

Permit Application # _____ (# on Sewage Application including letter. i.e., Z12345)

Applicant _____ Who is the applicant? Property Owner
 Equitable Owner*

Applicant Mailing Address

Street _____ City _____ State _____ Zip Code _____

Site Address

Street _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Site Municipality _____

Subdivision Name _____ Lot # _____

UPI Number -- -- Parent Parcel

System Activity New Major Reason for Repair Component Replacement
 Modification Minor System Failure/Malfunction
 Repair Unsatisfactory Certification

Certifier Name _____

Type of Facility to be Served by this System Residential - Single Family Attach Certifications

Residential - Multiple Family

Non-Residential/Commercial

Bedrooms _____

Gal/Day _____

EDUs non-residential only _____ 1 EDU = 400 gpd

Directions to the property must be submitted with the Record Rider form on 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: _____	rev 1/17/2023

Sewage Application Rider

Permit Application # _____

I, We, _____

owner(s) Property Owner Equitable Owner* 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 Property Owner
 Equitable OwnerSignature of Property Owner
 Equitable Owner

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 1/17/2023	