

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
ON-SITE SEWAGE DISPOSAL REPAIR FORM**

Make check or money order payable to: Bucks County Department of Health

Mail check and Repair Form to: Bucks County Department of Health
Neshaminy Manor Center
1282 Almshouse Road
Doylestown, PA 18901

Fee: See Current Fee Schedule

Fee Submitted: YES NO

Amount \$ _____

Tax Parcel Number: _____ Municipality: _____

Site Location: _____

Property Owner: _____
Name

Street

City/Town State Zip

What is the purpose of this repair request? _____

It is your responsibility to provide a scaled Plot Plan (1 inch = 100 feet) of the property to be evaluated.

With this form, include the following:

1. Location of property lines.
2. Location of existing well and all neighbors' wells.
3. Location of existing buildings and structures.
4. Location of existing components of on-lot septic system, if known.
5. Location of existing driveway, right-of-ways.

IF APPLICANT IS OWNER IN EQUITY, A COPY OF THE AGREEMENT OF SALE MUST BE SUBMITTED.

Telephone: _____ Email address: _____

Signature of property owner _____ **Date** _____

NOTE: This repair form is a request for a site investigation and not to be construed as a permit application for installation of a repair.

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PROPERTY OWNER RESPONSIBILITY

In order for the Bucks County Department of Health (BCDH) to evaluate your malfunctioning on-site sewage disposal system and provide you with a repair alternative, the following items are your responsibility to provide for the evaluation:

1. The following items must be staked on your property:
 - a. Property lines.
 - b. Water supply(s) on your parcel and within 100 feet of your parcel.
 - c. Sewage disposal system(s).
2. Contact the appropriate Sewage Enforcement Officer (SEO) at BCDH to schedule a site evaluation by mailing the attached request form and fee.
3. The following items must be provided for the scheduled site evaluation.
 - a. Item #1 above.
 - b. Uncovering of the following (if they exist):
 1. Manhole and inlet/outlet baffle ports on the septic tank(s).
 2. Distribution box(s).
 3. Header distribution pipe in a system without a distribution box.
 - c. A BCDH licensed sewage hauler. **Hauler must not commence any pumping of the system until instructed by the SEO.**
 - d. A fifty (50) foot plumber's snake.
 - e. A backhoe and operator.
 - f. The property owner **must** be present for the site evaluation. **The site evaluation shall be cancelled by the Department if the property owner is not present.**
 - g. Prior to any soil testing being conducted at the site(s) the requester or contractor must obtain a PA One Call System code serial number: #_____.

TO LOCATE ANY UNDERGROUND UTILITIES

CONTACT PA ONE CALL SYSTEM, INC.

1-800-242-1776

**NOTE: THE ATTACHED AUTHORIZATION FORM MUST BE COMPLETED BY THE
CONSULTANT AND SUBMITTED ALONG WITH THE REQUEST FORM.**

This Section of the form is to be completed by the Consultant contracted by Owner.

We acknowledge that all testing to be conducted on the aforementioned parcel

TM# _____ will meet all applicable isolation distances and slope requirements of Act 537 and Chapters 71, 72 and 73.

Consultant Name

Authorized Representative

Date