

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
REQUEST FOR FIELD INVESTIGATION FOR ON-SITE SEWAGE DISPOSAL SYSTEMS**

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

Mail check and Request 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 \$ _____

PART I Requester Information

Tax Parcel Number _____

Name of Requester _____

Owner Owner in Equity Other

If other, please specify _____

Note: Letter of designation as agent, copy of agreement of sale, including Tax Parcel Number and owner's signature must accompany this form.

Address: _____

Telephone: Home _____ Work _____

PART II Scaled Plot Plan Submission

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 all existing buildings and structures.
4. Location of all existing septic systems, including all components known to exist.
5. Location of all neighboring septic systems, if known.
6. Location of existing driveways, right-of-ways.

**TO LOCATE ANY UNDERGROUND UTILITIES
CONTACT PA ONE CALL SYSTEM, INC.
1-800-242-1776**

Complete all parts of this form

PART III Location of Property to be Evaluated

Tax Parcel Number _____

Municipality _____

Location of Property _____

Tax Parcel Information:

Individual Lot Proposed Subdivision Number of lots proposed: _____

If Individual Lot:

Lot number and Subdivision name _____

Total Acreage _____

Estimated Sewage Flow (gallons per day) _____

If Proposed Subdivision:

Residential Non-Residential

Total Acreage _____

Proposed Number of Lots _____ Estimated

Estimated Sewage Flow (gallons per day) _____

Water Supply: Private Public

Signature of Requestor _____ **Date** _____

PART IV Request for Office Conference

If a conference is required by requester, when are you available to meet with a Department Representative? _____

To the requestor's knowledge, has the Bucks County Department of Health ever investigated this parcel for an on-site sewage disposal system?

Yes No If yes, when? _____

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: # _____

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