

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION**

ON-SITE SEWAGE DISPOSAL CONFIRMATION FORM

MAKE CHECK OR MONEY ORDER PAYABLE TO:BUCKS COUNTY DEPARTMENT OF HEALTH

Mail check and Confirmation 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

Telephone: _____ Email address: _____

Signature of Property Owner: _____

What is the purpose of this confirmation request: _____

NOTE: This form is a request for a site investigation and not to be construed as any type of septic system certification.

A scaled Plot Plan (1 inch = 100 feet) of the property must be submitted with this form, and must include the following:

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

NOTE: If a copy of a permit (original or repair) of the existing on-site septic system, issued by the Bucks County Department of Health, is available, it must be submitted along with this form.