



# Chester County Health Department

## 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 \_\_\_\_\_

Site Municipality \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

UPI Number - - Parent Parcel

Signature of <input type="checkbox"/> Property Owner <input type="checkbox"/> Equitable Owner	Signature of <input type="checkbox"/> Property Owner <input type="checkbox"/> Equitable Owner
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System Activity  New      Permit Class  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

**Location of Property:** Please draw or provide clear, narrative directions to the address where the system is located in the box below. Please give directions with the Government Services Center as the starting point. This section MUST be completed.

For Dept. Use Only			
Admin. Fee: _____	Receipt: _____	Date: _____	<b>Admin. Fee is non-refundable</b>
Initial Fee: _____	Receipt: _____	Date: _____	
Add. Fee: _____	Receipt: _____	Date: _____	
Transfer Fee: _____	Receipt: _____	Date: _____	



**Chester County Health Department**

**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 \_\_\_\_\_

County of Chester 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: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of  Property Owner  Equitable Owner

\_\_\_\_\_  
Signature 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 Chester County Health Department.