

**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 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 \$ \_\_\_\_\_

\*Does Lot Require Primary & Replacement Sites?  Yes  No

**PART 1 Requester Information**

Tax Parcel # \_\_\_\_\_

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 No. and owner's signature, must accompany this form.)

Address: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

**IS THIS REQUEST FOR A DRIP IRRIGATION SYSTEM?**  Yes  No

**PART II Scaled Plot Plan Submission**

A scaled plot plan (1 inch = 100 feet) of the property to be evaluated must be submitted with this form, and 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 # \_\_\_\_\_

Municipality \_\_\_\_\_

Location of Property \_\_\_\_\_

**Tax Parcel Information:**

Individual Lot     Proposed Subdivision    \_\_\_\_\_ No. of lots Proposed:

Type of Sewage System Proposed:     Individual     Community \_\_\_\_\_

**If Individual Lot:**

Lot No. and Subdivision Name \_\_\_\_\_

Total Acreage \_\_\_\_\_

Estimated Sewage Flow (gallons per day) \_\_\_\_\_

**If proposed Subdivision:**

Residential     Non-Residential

Total Acreage \_\_\_\_\_

Proposed No. of Lots \_\_\_\_\_ Estimated

Estimate Sewage Flow (gallons per day) \_\_\_\_\_

Water Supply:     Private     Public

**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: # \_\_\_\_\_.**

**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 requester'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? \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Requester: \_\_\_\_\_

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