



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 _____ Email _____

Site Municipality _____

Subdivision Name _____ Lot # _____

UPI Number -- -- Parent Parcel

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

Directions to the property must be submitted with the Record Rider form on separate sheet. Please give directions with the Government Service Center as the starting point.

- * If **Equitable Owner**, proper documentation must be attached.
 - Sales Agreement or
 - Short Certificate(Executor)
 - POA (Power of Attorney) Certificate

For Dept. Use Only			
Admin. Fee: _____	Receipt: _____	Date: _____	Admin. Fee is non-refundable
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: _____

Email: _____

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.

I have also reviewed and verified all information provided with this application to be correct.

Signature of Property Owner Equitable Owner

Signature of Property Owner Equitable Owner

Mail to:
Chester County Health Department
601 Westtown Rd., Suite 288
P.O. Box 2747
West Chester, PA 19380-0990

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.