



Chester County Health Department

Evaluation of Existing Septic System(s), Change of Use, or Amended Flows

Applicant & Site Information:

Property Owner: _____ Telephone: _____ Email: _____

Mailing Address: _____
Street City State Zip Code

Site Address: _____
Street City State Zip Code

Site's Municipality: _____ Site's UPI/Tax Parcel: _____

Supporting Information:

Copy of Existing Sewage Permit(s)

Click here for the Chester County Health Department [File Look-Up Form](#)

Project Narrative

Attach a detailed written description of the project. Provide existing and proposed sewage flows.

Type of Establishment

Residential:

Current: Number of Bedrooms _____ Proposed: Number of Bedrooms _____

Current: Other unit type(s) _____ Proposed: Other unit type(s) _____

Commercial or Institutional:

Include in the Project Narrative current water usage, and proposed change of use.

Plot Plan (Include the following): [Plot Plan Sample](#)

- | | |
|---|--|
| A) Property Lines (include dimensions) | E) Wells/Springs |
| B) Structures & Paved Areas (existing & proposed) | F) Swales/Drainage ways, Rain pits, etc. |
| C) Septic Tank(s), Pump Tank(s), etc. | G) Easements & Right(s) of Way |
| D) Sewage Absorption Areas | H) Water/Utility Service Lines |

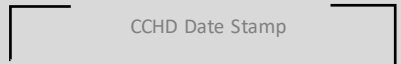
Submit payment of \$300

Checks must be made payable to "Treasurer of Chester County". Mail to Chester County Health Department, Government Services Center, 601 Westtown Road, Suite 288, West Chester, PA, 19380-0990. This fee covers evaluations, any necessary site visits, administration costs, and the response correspondence. You may also pay by credit card in the office – *service fee applies with credit card payments.*

Signature of Property Owner: _____ Date: _____

Department Information: To be Completed by CCHD Only

Fee: _____ Receipt: _____ Date: _____ Response Date: _____



Date of SEO Site Visit: _____ Malfunction No Malfunction

Absorption Area Required: _____ Existing Absorption Area: _____

Tank Vol/Comp. Required: _____ / _____ Existing Tank Vol/Comp: _____ / _____

Determination: Approved Not Approved

SEO Signature: _____ SEO Number: _____

