



Chester County Health Department

Sewage Application Rider

Date _____

Application # _____

I, We, _____

owner(s) _____ 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

Signature of

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 _____	
<input type="checkbox"/> The above dates meet the 20 working day requirement of Act 537. <input type="checkbox"/> 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.	