



Chester County Health Department

Application for CCHD Verification of Prior Testing

Applicant Information:

Property/Equitable Owner: _____

Mailing Address: _____ Street _____ City _____ State _____ Zip Code _____

Telephone: _____ Email: _____

Required Information:

Mail the following information with this form to the Chester County Health Department. Located at the Government Services Center, 601 Westtown Road, Suite 288, West Chester, PA, 19380-0990.

Tax Parcel Number: _____ To find the Tax Parcel Number click the hyperlink to visit [ChescoViews](#)

Site Address: _____ Street _____ City _____ State _____ Zip Code _____

Municipality: _____

Subdivision Name: _____ Lot Number(s): _____

Copy of Prior Testing(s) must be submitted with this form.

If Equitable Owner, proper documentation must be submitted with this form.

Sales Agreement or Short Certificate (Executor)

POA (Power of Attorney) Certificate

Submit payment of \$150

Checks must be made payable to "Treasurer of Chester County". This fee covers 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.*

I, the undersigned, give permission and allow the Chester County Health Department’s staff to enter the property to perform all manner of inspections for the purpose of verifying prior testing.

Signature of Property/Equitable Owner: _____ Date: _____

Department Information: *To be Completed by CCHD Only*

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

CCHD Date Stamp

Date of SEO Site Visit: _____

Determination: Approved Denied

SEO Signature: _____ SEO Number: _____