

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
ON-SITE SEWAGE DISPOSAL REPAIR FORM**

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 \$ _____

Tax Parcel Number: _____

Municipality: _____

Site Location: _____

Property Owner: _____

Name

Street

City/Town

State

Zip

IF APPLICANT IS OWNER IN EQUITY, A COPY OF THE AGREEMENT OF SALE MUST BE SUBMITTED

Telephone: Home _____ Work _____

Signature of Property Owner: _____

What is the purpose of this repair request: _____

NOTE: This repair form is a request for a site investigation and not to be construed as a permit application for installation of a repair.

A scaled Plot Plan (1 inch = 100 feet) of the property must be submitted with this form, and must include the following:

1. Property lines
2. Existing well and all neighbors' well
3. Existing buildings and structures
4. Existing components of on-lot septic system, if known.
5. Existing driveway, right-of-ways

NOTE: If a copy of a permit (original or repair) of the existing on-site septic system, issued by the Bucks County Department of Health, is available, it must be submitted along with this form.

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
ON-SITE SEWAGE DISPOSAL REPAIR EVALUATION**

PROPERTY OWNER RESPONSIBILITY

In order for the Bucks County Department of Health (BCDH) to evaluate your malfunctioning on-site sewage disposal system and provide you with a repair alternative, the following items are your responsibility to provide for the evaluation:

- 1.) The following items must be staked on your property:
 - a.) Property lines.
 - b.) Water supply(s) on your parcel and within 100 feet of your parcel.
 - c.) Sewage disposal system(s).
- 2.) Contact the appropriate Sewage Enforcement Officer (SEO) at the BCDH to schedule a site evaluation by mailing the attached request form and fee.
- 3.) The following items must be provided for the scheduled site evaluation.
 - a.) Item # 1 above.
 - b.) Uncovering of the following (if they exist):
 - 1.) Manhole and inlet/outlet baffle ports on the septic tank(s).
 - 2.) Distribution box(s).
 - 3.) Header distribution pipe in a system without a distribution box.
 - c.) A BCDH licensed sewage hauler. **Hauler must not commence any pumping of the system until instructed by the SEO.**
 - d.) A fifty (50) foot plumber's snake.
 - e.) A backhoe and operator.
 - f.) The property owner **must** be present for the site evaluation. **The site evaluation shall be canceled by the Department if the property owner is not present.**
 - g.) 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: # _____.

TO LOCATE ANY UNDERGROUND UTILITIES
CONTACT PA ONE CALL SYSTEM, INC.

1-800-242-1776

****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