

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
REQUESTING A FIELD EVALUATION FOR A PROPOSED FOUR YEAR FILL SITE**

Make check or money order payable to: Bucks County Department of Health

Mail check and Request 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 \$ _____

PART I Requester Information

Tax Parcel Number _____

Name of Requester _____

Owner Owner in Equity Other

If other, please specify _____

Note: Letter of designation as agent, copy of agreement of sale, including Tax Parcel Number and owner's signature must accompany this form.

Address of Requester: _____

Telephone: _____ Email address: _____

PART II Scaled Plot Plan Submission

It is your responsibility to provide a scaled plot plan (1 inch = 100 feet) of the property to be evaluated. With this form, include the following:

1. Location of property lines.
2. Location of existing well and all neighbors' wells.
3. Location of all existing buildings and structures.
4. Location of all existing septic systems, including all components known to exist.
5. Location of all neighboring septic systems, if known.
6. Location of existing driveways, right-of-ways.
7. Site cannot be located within a designated wetland area.

**TO LOCATE ANY UNDERGROUND UTILITIES
CONTACT PA ONE CALL SYSTEM, INC.
1-800-242-1776**

PART III Location of Property to be Evaluated for Proposed Fill Site

Tax Parcel Number _____

Municipality _____

Location of Property _____

Tax Parcel Information: Residential Non-Residential

Total Acreage _____

Estimated Sewage Flow (gallons per day) _____

Water Supply: Private Public

Note: Fill site must be properly protected over the four year period from any type of physical disturbance. Failure to protect the fill site will jeopardize the site from being evaluated for an on-lot sewage disposal system. Applicant understands that there is no guarantee that the fill site will qualify for an on-lot sewage disposal system after the four year period.

Signature of Requestor _____ **Date** _____

PART IV For Department Use Only

The following information must be filled out by the SEO/Soil Scientist Employee ID# _____

Type of limiting zone Mottling Bedrock High water table

Depth to limiting zone inches _____

Date limiting zone was verified by Department SEO/Soil Scientist _____

Date approved for fill material to be placed on site _____

Depth of fill material placed over proposed absorption area _____

Size of area that was properly filled (square feet) _____

Date when fill site can be re-evaluated for soil testing _____

Date of Department letter sent to property owner confirming placement of fill material _____