

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

SITE EVALUATION
PERCOLATION TEST APPLICATION

Sewage Application No. _____

Name of Applicant _____ Telephone Number _____

Address of Applicant _____ Zip Code _____ Email _____

Site Address _____ Subdivision Name _____

Municipality _____ County _____

Tax Parcel No. (12 Digits) _____ Block No. _____ Unit No. _____

Signature/Property Owner _____ Signature/Property Owner _____

Name of Agent _____ Telephone Number _____

RESIDENTIAL __ COMMERCIAL __ REPAIR __ RELOCATION __ COMMUNITY __

Estimate Flow _____ gallons/day

Location of site (draw map or provide clear narrative directions)

All of the above information is to be supplied by the applicant. At the time you complete this form, also complete Part I of the Application for Sewage Disposal so that the same information is supplied on both forms. Return ONLY this form with the appropriate Fee. The Application for Sewage Disposal must be submitted with all test results and the system design.

