



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

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

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

SITE EVALUATION OBSERVATION TEST PROBE APPLICATION

Sewage Application No. _____

Name of Applicant

Telephone Number

Address of Applicant

Zip Code

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.