

**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

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**SITE EVALUATION**  
**OBSERVATION TEST PROBE APPLICATION**

Sewage Application No. \_\_\_\_\_

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Name of Applicant \_\_\_\_\_ Telephone Number \_\_\_\_\_

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Address of Applicant \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

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Site Address \_\_\_\_\_ Subdivision Name \_\_\_\_\_

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Municipality \_\_\_\_\_ County \_\_\_\_\_

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Tax Parcel No. (12 Digits) \_\_\_\_\_ Block No. \_\_\_\_\_ Unit No. \_\_\_\_\_

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Signature/Property Owner \_\_\_\_\_ Signature/Property Owner \_\_\_\_\_

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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.

