

**DELAWARE COUNTY HEALTH DEPARTMENT**  
**Environmental Health Division**



**Sewage/Well File Lookup Request**

Complete and click submit to email form, or print and mail to the address at the bottom of this form. You must submit one form for each site project requested. Incomplete forms will be returned.

**Person/Organization Requesting Information** Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Location Specifics (required - please provide as much information as possible)**

Type of Information Requested  Well File (2023 - present\*)  
*(check all that apply)*  Sewage File (2023 - present\*) *\*prior years not available*

Tax Parcel Number \_\_\_\_\_

Property Street Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot# \_\_\_\_\_

Original Applicant's Name \_\_\_\_\_  
*(Can be obtained from the property deed, under property description)*

Municipality \_\_\_\_\_ Year Well or Sewage System was Installed \_\_\_\_\_

The results of the search will be emailed to you within a minimum of ten (10) business days. If necessary, a fee of \$0.25 per page will be applied for photocopies and you will be notified by phone when the information is available for pickup at the DCHD Environmental Health Division. Please make checks payable to Delaware County Health Department.

Click submit to email form, or print and mail to:  
Delaware County Health Department  
Environmental Health Division  
Baldwin Tower, Suite 700  
1510 Chester Pike  
Eddystone, PA 19022

**FOR DEPARTMENTAL USE ONLY**

Permit Application # _____	Amount Paid _____
Receipt Date _____	

rev 2/28/23