

**CAYUGA COUNTY HEALTH DEPARTMENT APPLICATION TO INSTALL A NEW
SEPTIC SYSTEM WITHIN AN APPROVED SUBDIVISION**

Application is hereby made to the Cayuga County Health Department for review of plans for a septic system to serve the property described below:

OWNER'S NAME _____ E-MAIL ADDRESS _____

OWNER'S MAILING ADDRESS _____ PHONE _____

SUBDIVISION NAME (IF APPLICABLE) _____ TOWN _____

PROPERTY 911 ADDRESS _____ PROPERTY TAX MAP NUMBER _____

Number of Bedrooms _____ Garbage Disposal: YES _____ or NO _____

Only contractors who are registered with the Cayuga County Health Department may be hired to install septic systems. A list may be obtained from the Cayuga County Health Department (homeowners may install their own system). The approval is for the location of the septic system shown in the original subdivision plan. Any deviations must be approved by the Cayuga County Health Department.

I understand that the septic system and private well will be installed as shown on the approved subdivision plan. Acceptance by the Cayuga County Health Department does not guarantee that the facilities will function properly. The Cayuga County Health Department assumes no liability should the septic system as designed in the approved subdivision plan fail to function properly.

Upon completion but prior to covering, I will have a licensed Professional Engineer or Registered Architect certify to the Health Department that the installation was completed according to the approved proposal. Failure to do so is a violation of the Cayuga County Sanitary Code.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

Cayuga County Health Department
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