

CAYUGA COUNTY HEALTH DEPARTMENT APPLICATION TO INSTALL A NEW SEPTIC SYSTEM

Application is hereby made to the Cayuga County Health Department for review of plans prepared by a Professional Engineer or Registered Architect for a septic system to serve the property described below.

OWNER'S NAME _____ E-MAIL ADDRESS _____

OWNER'S MAILING ADDRESS _____ PHONE _____

PROPERTY 911 ADDRESS _____ TOWN _____

PROPERTY TAX MAP NUMBER _____

ENGINEER'S NAME/COMPANY _____ E-MAIL ADDRESS _____

CONTRACTOR'S NAME/COMPANY (if known) _____ E-MAIL ADDRESS _____

Check here if this is a resubmittal of a previously approved but expired plan ☐

Plans submitted electronically: YES ☐ or NO ☐

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

Water Supply: Existing ☐ or Proposed ☐ Public: YES ☐ or NO ☐

I hereby authorize the Cayuga County Health Department to perform a site review at the property described above.

Acceptable plans prepared by a Professional Engineer or Registered Architect will be reviewed for compliance with the standards of the New York State Department of Health. Acceptance by the Cayuga County Health Department does not guarantee that the septic system will function properly. The Cayuga County Health Department assumes no liability should the system fail to function properly.

I will not begin any construction on my septic system until this proposal is accepted by the Cayuga County Health Department. 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.

Please note: A \$150 review fee payable to the Cayuga County Health Department must accompany this application. There is no fee for resubmittals of previously approved but expired plans. Approval to construct your septic system from the Cayuga County Health Department may take up to 4-6 weeks.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

Cayuga County Health Department
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cchealth@cayugacounty.us