

CAYUGA COUNTY HEALTH DEPARTMENT APPLICATION TO MODIFY/REPLACE AN EXISTING SEPTIC SYSTEM

OWNER'S NAME _____ E-MAIL ADDRESS _____

OWNER'S MAILING ADDRESS _____ PHONE _____

PROPERTY 911 ADDRESS _____ TAX MAP NUMBER _____ TOWN _____

Proposal to repair/modify/replace the existing septic system serving the above noted property by the installation of the following **(Check ONLY the items that will be installed)**:

☐ **Septic tank** – size _____ gallons, material (i.e. concrete) _____

☐ **Leachlines** - Type (i.e. pipe & stone, chambers, Infiltrator, Eljen, etc) _____ Number of lines _____

Length of Lines _____ ☐ **Distribution box** - Number of outlets _____

Reason for modification/notes _____

- A sketch of the proposed plan, showing the **location of the percolation holes**, nearest well, dwelling, streams, etc., **must be included** on the reverse side of this form.
- Distance of proposed septic system to the nearest well on this property or adjacent property _____ ft.
- Number of bedrooms in the house _____
- Percolation rate of soil in area of proposed leachfield _____ min/inch. Depth of holes _____ inch.
- Name of company/person preparing this proposal _____
 - Please note: if the system is located within the Owasco Lake or Little Sodus Bay Watersheds, a design professional (Licensed Professional Engineer or Registered Architect) must prepare the plans for the repair or modification.

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.

I, the undersigned, understand that this proposal is for a modified or replacement septic system to serve an existing dwelling and may not meet the current State Health Department standards set forth in Appendix 75-A of the New York State Sanitary Code for new septic systems and therefore, this septic system may be issued an interim permit.

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

Please note: A review fee of \$100.00 payable to the Cayuga County Health Department must accompany applications for conventional absorption trench systems. A fee of \$150.00 is required for other types of systems.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

HEALTH DEPARTMENT USE ONLY

By accepting this proposal, the Environmental Health Division makes no guarantee, expressed or implied, that the modified/repared septic system will perform satisfactorily.

These plans are hereby accepted subject to the attached Conditions of Acceptance issued this day

BY _____ **PE** _____ **DATE** _____

Cayuga County Health Department

This acceptance expires within 2 years of the date of acceptance.

rev 1/7/2025

System site sketch

- Location of perc holes
- Direction of site slope
- Location of wells and/or water bodies

[illegible]