

APPLICATION TO INSTALL A HOLDING TANK

OWNER'S NAME _____ TELEPHONE _____

OWNER'S MAILING ADDRESS _____

PROPERTY TAX MAP # _____ 911 ADDRESS _____ TOWN _____

This is to notify the Cayuga County Health & Human Services Department that I propose to install a wastewater holding tank to serve the above noted property. The tank specifications are outlined below:

Tank specifications:

I have completed a sketch showing the proposed holding tank location on the reverse side. I have included the following information on the attached sketch:

1. Distance of proposed holding tank to the nearest well on this property or adjacent property _____ ft.
2. Number of bedrooms in the house _____.

I will not begin any construction until this proposal is accepted by the Cayuga County Health Department. If site conditions do not allow installation as proposed, I will consult the Health Department before deviating from this accepted proposal.

I, the undersigned, understand that this proposal is for the installation of a wastewater holding tank to serve an existing dwelling. Under the current County Sanitary Code this sewage disposal system will be issued an interim permit.

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

SIGNATURE OF APPLICANT _____ Date _____

HEALTH DEPARTMENT USE ONLY

The Environmental Health Division accepts the above proposal for the installation of a wastewater holding tank only. Any other construction or modification of the septic system will require additional approval.

ACCEPTED BY _____ Date _____

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