

APPLICATION TO INSTALL A NEW SEPTIC SYSTEM
Cayuga County Health Department 160 Genesee St., Auburn, NY 13021 (315)253-1405

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

Applicant Name _____ Telephone _____

Current Mailing address _____
(Street) (City, State, Zip Code)

Property purchased from _____ Date purchased _____

Exact location of property (ie: north side Pierce Rd., ~ ¼ mi. west of Pople Rd.)

Town _____ Tax Map# _____ Parcel _____

Intended use of proposed or existing building (residence, business, garage, etc.) _____

of Bedrooms ____ Garbage Disposal YES __ NO__ Basement Fixtures (sinks, laundry) _____

Water Supply: Well ____ (Existing ____ or Proposed ____) or Public ____

APPLICANT: BEFORE YOU SIGN THIS APPLICATION, READ THE FOLLOWING PARAGRAPH:

I hereby authorize the Cayuga County Health Department to perform a site review at the parcel named above. When an acceptable plan prepared by a licensed design professional (PE, R.A.) is received, the Cayuga County Health Department will review your plans for a wastewater treatment system for compliance with the standards of the New York State Department of Health. When the plans are acceptable, the Cayuga County Health Department will notify your Code Enforcement Officer. Acceptance by the Cayuga County Health Department does not guarantee that the wastewater treatment facilities will function properly. The Cayuga County Health Department assumes no liability should the system fail to function properly.

Signature of Applicant _____ Date _____

Office Use Only

Plans Reviewed _____ Initials Date	Plans Accepted _____ Date	Code Enforcement Officer Notified _____ Date
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Installation Completed _____
PE or RA Date

Comments

