

**APPLICATION TO INSTALL A NEW SEPTIC SYSTEM
WITHIN AN APPROVED SUBDIVISION**

CAYUGA COUNTY HEALTH DEPARTMENT

8 Dill St., Auburn, NY 13021 (315)253-1405

cchealth@cayugacounty.us

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

Applicant Name _____ **Telephone** _____

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

Email Address _____

Property location of proposed residence:

Town _____ **Tax Map#** _____

Proposed Number of Bedrooms _____ Garbage Disposal Proposed (YES ___ NO___)

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

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.

Signature of Applicant _____ Date _____