

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 _____ 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) _____ **Distribution box** - Number of outlets _____

Leachlines - Type (i.e. pipe & stone, chambers, Infiltrator, Eljen, etc.) _____

Number of Lines _____ Length of Lines _____

Additional information _____

- 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.
- Name of company/person preparing this proposal _____.

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 this 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 check at 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/repaired 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.

rev7/21/2021