

CAYUGA COUNTY HEALTH DEPARTMENT APPLICATION TO INSTALL A NEW SEPTIC SYSTEM

Application is hereby made to the Cayuga County Health Department for review of plans prepared by a Professional Engineer or Registered Architect for a septic system to serve the property described below.

OWNER'S NAME _____ E-MAIL ADDRESS _____

OWNER'S MAILING ADDRESS _____ PHONE _____

PROPERTY 911 ADDRESS _____ TOWN _____

PROPERTY TAX MAP NUMBER _____

Number of Bedrooms _____ Garbage Disposal: YES _____ or NO _____

Water Supply: Existing _____ or Proposed _____

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

Acceptable plans prepared by a Professional Engineer or Registered Architect will be reviewed for compliance with the standards of the New York State Department of Health. Acceptance by the Cayuga County Health Department does not guarantee that the septic system will function properly. The Cayuga County Health Department assumes no liability should the system fail to function properly.

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.

Please note: A review fee payable to the Cayuga County Health Department must accompany this application. The fee is \$150 for new construction or systems that require fill materials, including geotextile sand filter proposals and \$100 for all other system.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

Cayuga County Health Department
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