

**APPLICATION TO MODIFY/REPLACE AN EXISTING SEPTIC SYSTEM**

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 repair/modify/replace the existing septic system serving the above noted property by the installation of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have completed a sketch on the reverse side. I have included the following information on the attached sketch:

1. Distance of proposed septic system to the nearest well on this property or adjacent property \_\_\_\_\_ ft.
2. Number of bedrooms in the house \_\_\_\_\_.
3. Percolation rate of soil in area of proposed leachfield \_\_\_\_\_.

I will not begin any construction until these proposals are 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.

***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.***

I, the undersigned, understand that this proposal, prepared by (name of contractor) \_\_\_\_\_, 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. This proposal, which can be accepted by the Cayuga County Health Department because it is an existing residence, either does not meet specific requirements of the latest Code (Appendix 75-A) or a full site evaluation was not completed. Under the current County Sanitary Code, therefore, this septic 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 \_\_\_\_\_  
(Owner)

**HEALTH DEPARTMENT USE ONLY**

The Environmental Health Division accepts the above proposal and makes no guarantee, expressed or implied that the modified septic system will perform as satisfactorily as expected if the septic system were designed according to NYS Health Department standards.

ACCEPTED BY \_\_\_\_\_ Date \_\_\_\_\_

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