

**CAYUGA COUNTY HEALTH DEPARTMENT APPLICATION TO INSTALL A SEPTIC OR HOLDING TANK**

OWNER'S NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY 911 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

Proposal to install a  septic tank or a  holding tank with a high level alarm at the above noted property.

Septic tank or holding tank size \_\_\_\_\_ gallons.

Tank material (i.e. concrete, plastic) \_\_\_\_\_

Additional information \_\_\_\_\_

- A sketch of the proposed plan, showing the location of nearest well, dwelling, streams, etc., must be included on the reverse side of this form.
- Distance of proposed septic/holding tank to the nearest well on this property or adjacent property \_\_\_\_\_ ft.
- Number of bedrooms in the house \_\_\_\_\_.
- Name of company/person preparing this proposal \_\_\_\_\_.

**I will not begin any construction until this proposal is accepted by the Cayuga County Health Department. Installation without acceptance is a violation of the Cayuga County Sanitary Code.**

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

**Please note: There is no review fee for replacement of an existing septic tank or holding tank. If the holding tank is replacing an existing septic system with an absorption area, a review fee of \$100.00 payable to the Cayuga County Health Department must accompany the application.**

**SIGNATURE OF PROPERTY OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HEALTH DEPARTMENT USE ONLY**

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.**

**1/3/2020**