



Chemung County Health Department
Environmental Health Services
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www.chemungcountyhealth.org

Homeowner Registration Exemption Form

Owner Name: _____

Property Location: _____

City: _____ State _____ Zip _____

Daytime Phone: _____

Home Phone: _____

Parcel Tax Map ID #: _____

Site Evaluation Date: _____

Homeowner Acknowledgement:

1. Construction of the permitted OWTS at the above-referenced location will occur by the owner only and no portion of the construction will be performed by anyone receiving any form of compensation for their efforts.
2. The owner has reviewed Article V of the Chemung County Sanitary Code and is familiar with the permitted construction design and requirements.
3. The owner is knowledgeable of the Department's inspection requirements and will comply with said requirements understanding that failure to comply with those requirements could lead to disapproval of the OWTS and/or an enforcement action by the Department.
4. The owner acknowledges that if a determination is made at any time by the owner that the construction project is beyond the capability of the owner, the owner will make arrangements with a Department-registered contractor to obtain a permit for the project and complete the construction per the permit design and conditions.

Owner Signature of Acknowledgement

Date