

APPLICATION FOR ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT



Environmental Health Services
 CHEMUNG COUNTY HEALTH DEPARTMENT
 103 Washington St., Box 588, Elmira, NY 14902
Phone (607) 737-2019 Fax (607) 737-2059
www.chemungcountyhealth.org

<u>Office Use Only</u>	
PERMIT # _____	
Amount Pd _____	
Receipt # _____	
Date Rec'd _____	

The applicant agrees that the County of Chemung and its employees shall not be liable to the contractor, owner or any other person for any act or omission of any employee of the County Health Department and agrees to hold the County of Chemung free and harmless for any failure of the sewage system or for liability that may occur as a result of the design, construction, and operation of the sewage system applied for in this application. The applicant has the option of retaining a professional engineer of their choice to design the sewage system being considered in this application. The applicant, in executing this application, has elected to adopt the sewage system design developed for them with the help of the Health Department, as their own design and has decided not to consult or have the same designed or reviewed by their engineer. With replacement sewage systems, it may be impossible to comply with New York State rules and regulations. In these cases, the Chemung County Health Department will attempt to issue a permit which will reflect the best possible design for the conditions found.

Property Information:	Tax Map No. _____
Property Owner: _____ Phone: _____	
Property Address (including 911 #) _____	
<i>Number and Street or Road</i>	<i>Town</i>
Water Supply: <input type="checkbox"/> Existing - type: _____ <input type="checkbox"/> Proposed* - type: _____ <input type="checkbox"/> Public Water Supply (*Proposed water supply must be located according to Health Department specifications)	
Check one:	
# Bedrooms: _____ # Occupants: _____ Lot Size: _____	<input type="checkbox"/> Replacement System <input type="checkbox"/> New Bldg

Applicant/Contractor Information:			
Applicant/Contractor: _____		Phone: _____	
Mailing Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
The soils in Chemung County are generally either well drained in the valleys or poorly drained on the hillsides and hilltops. Department staff, using their experience and the Soil Survey of Chemung County, have been able to issue permits without the need for percolation tests. The Department reserves the right to require test hole excavations and/or percolation tests if the soil conditions are not apparent. When this is necessary, a department representative will assist the applicant in the percolation test procedure, but will not necessarily conduct the test.			
Signature of Applicant or Authorized Representative: _____		Date: _____	

For ATU Installations <i>(Office use only)</i>	
>> Name of ATU installer: _____	<input type="checkbox"/> Authorized ATU Installer <input type="checkbox"/> Registered as a Contractor

<i>For Office Use Only</i>		Approved for Covering:	
Approved for Construction: _____	<i>Date</i>	_____	<i>Inspector</i>
Lot Size Verified: _____	<i>Date</i>	_____	<i>Inspector</i>
<i>(New Systems Only)</i>		<input type="checkbox"/> Yellow Card issued during inspection <input type="checkbox"/> Need to Mail Yellow Card - Date Done: _____	