

Tioga County Public Health Department

Lisa C. McCafferty, R.S., MPH; Public Health Director



GUIDE TO HOMEOWNER

Owners are to call Environmental Health Department when ready to begin your project.

The Tioga County Health Department is providing this small informational guide to assist the homeowner in preparing for the installation of their new or reconditioned septic system. Here are some things to expect on your property:

- Excavation on site which could entail
 - o Tree removal
 - o Soil displacements
 - o No grass during and shortly after excavation
 - o Tire marks in your lawn due to heavy equipment
 - o Trenches being dug to facilitate septic design
 - o Heavy excavation equipment on your property

What should you do when you have questions?

- Contact the Tioga County Environmental Health Department 607-687-8565 or
- Consult with your contractor:

IMPORTANT: Have your contractor contact the Tioga County Health Department upon initial completion (before the system is covered) so your system can be inspected. Inspecting your system by the Tioga County Health Department helps you in two ways:

- o It ensures that your investment has been installed properly
- o Contacting Tioga County Health Department will facilitate you obtaining a Certificate of Occupancy. A Certificate of Occupancy is **required** to occupy a new residence. The Certificate of Occupancy is issued from the local Code Enforcement Officer.

Remember to stay informed with this and other health issues.



TIOGA COUNTY HEALTH DEPARTMENT

Division of Environmental Protection 1062 State Rt.38, PO Box120 Owego, New York 13827

| Office Use: | |
|----------------|--|
| Date Received: | |
| Comments: | |
| | |
| | |
| | |
| | |

Hours 9am – 5pm 607-687-8565 **Application for Individual Sewage Treatment System**

| Owners Name | e d | Ph | Phone Number: | | | |
|---|--|----------------------------|---------------|-----------------------------|--|--|
| Mailing Address: (street, city, state, zip) | | | | | | |
| Location of co | onstruction site in detail: | | | | | |
| Town or Villag | ge: Zip: | | | Tax Map# | | |
| Lot Size | | Part of a Subdivision: Y N | | | | |
| If Yes Name of Subdivision: | | | | | | |
| System Serving | g: Commercial F | Residential | - | | | |
| Residential | # of Bedrooms | Resident | | ntial Garbage Disposal: Y N | | |
| Commercial | # of Employees | | | | | |
| Water Supply: Public Private Well | | | | | | |
| Are there any existing wells, streams or ponds within 200' of the area proposed for septic field? Y N | | | | | | |
| Is there property within 200' of your well or proposed well that is being used for agriculture use? Y N Fee Schedule | | | | | | |
| \$425.00 | New Installation Site Investigation Complete design of new Septic System 3 set of plans. Final Inspection of Installed System | | | | | |
| \$425.00 | Existing System Failure/ Replacement System Site Investigation Complete design of new Septic System 3 set of plans. Final Inspection of Installed System | | | | | |
| \$50.00 | Repair of Existing System Site Investigation - Design for Repair System Could be Deemed a Total System Replacement Resulting in an Additional Design Fee | | | | | |
| \$75.00 | Extension of Existing System on File Site investigation of existing system and over view of proposed extension of system | | | | | |
| This site will be evaluated by the standards as required by the NYSCRR Title 10, Appendix 75-A http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm . Tioga county Department of Health does not guarantee that your sewage treatment system, which is to be installed pursuant to the above standards, will function properly or continue to function properly in the future. | | | | | | |
| Review of Plan | s by Private Engineer | | | | | |
| \$228.00 | Review of Alternative System – By Code Appendix 75-A Include 4 set of engineered plans | | | | | |
| \$128.00 | Review of Conventional System – Upon Request of CEO Include 4 set of engineered plans | | | | | |
| Signature: | | | | Date: | | |
| Office Use: Project Number Ehips: | | | | Designer: | | |



Tioga County Public Health Department Lisa C. McCafferty, R.S., MPH; Public Health Director



| To: | Tioga Coun | ty Environmental Health | | | | | |
|------------|--|--|---------------------------------------|--|--|--|--|
| From: | Owner | | | | | | |
| | | (Please Print) | | | | | |
| Date: | | | | | | | |
| Subject: | Authorization for Communication | | | | | | |
| Environmen | ng people are ntal Health o nyour proper | authorized to communicate with n your behalf in reference to the ty. | n Tioga County septic system to be | | | | |
| Name | | Address | Phone Number | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 11 | | | | |
| | by Owner Sig | gnature: | | | | | |