

For Office Use Only	<u>BCHD REVIEW</u>	<u>DESIGN ENGINEER</u>	File # _____
	Staff _____	Engineer _____	Recorded – Database <input type="checkbox"/> eHIPS <input type="checkbox"/>
	Review Date _____	Plan Submission Date _____	Date Received _____
	P.E. Submission Date _____	Plan Modification Date _____	
	Final Approval Date _____	System Inspection Date _____	
	<u>ENGINEER REVIEW</u>	Installer _____	
	Engineer _____		
	Approval Date _____		
	Modifications Needed _____		

APPLICATION FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT
 BROOME COUNTY HEALTH DEPARTMENT – 225 FRONT ST, BINGHAMTON NY 13905-2424 (607) 778-2847

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE

APPLICANT INFORMATION

Applicant _____

Phone Number (Home) _____ Work _____ Cell _____

E-mail Address _____

Mailing Address: Street _____

City _____ State _____ Zip _____

PROPERTY OWNER INFORMATION

Owner _____ Phone Number _____

Mailing Address: Street _____

City _____ State _____ Zip _____

PROPERTY INFORMATION

Property Address _____

Tax Map No. _____ Town _____

Lot Size _____ acres Name of Subdivision (if any) _____

Type of Building _____ Existing or New _____ Year Built _____
(house, mobile home, etc.)

Total # of Bedrooms _____ Low Flow Fixtures Installed (yes or no) _____ Garbage Disposal (yes or no) _____
(All Toilets, Faucets and Showerheads installed on or after 1993)

Request for Class 1 Aeration Unit (ETU) (see note on back) Water Supply: Public Private Well

SIGNATURE _____ DATE _____

INSTRUCTIONS FOR A SEWAGE DISPOSAL CONSTRUCTION PERMIT

NEW CONSTRUCTION AND EXISTING FAILED SYSTEM

- 1) Application must be submitted to the Health Department with a \$50 permit fee (cash, check or money order only).
- 2) Applicant must hire a licensed engineer to submit onsite wastewater treatment system plans to the Broome County Health Department for review and approval.
- 3) Applicant will hire a Broome County Certified Septic System Installer to place the system per the approved design.
- 4) Licensed engineer will inspect the construction as it progresses for conformance to the design and specifications.
- 5) When new system is in place and has passed all inspections, licensed engineer to submit inspection letter to Health Department. For systems requiring Enhanced Treatment Unit, a signed maintenance contract must be submitted to Health Department at this time. Health Department will then issue a Certificate of Approval to property owner. Although this certificate states that the system was, at the time of inspection, installed per New York State standards, there is no guarantee of future performance given. The system must be property maintained for optimum performance.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT

Applicant: This is the name that will appear on the permit and the certificate of approval including phone number.

Mailing Address: Complete mailing address. The permit will be mailed to the applicant's address unless noted otherwise.

Owner: If the applicant does not own the property, please provide owner's name, phone number and address.

Property Address: We will need the physical address of the property where the system will be constructed.

Tax Map Number: Ownership changes over time. The property MUST be identified by the tax map number. You may obtain this number from your Town Clerk or the County Real Property Office (778-2169). It also appears on tax bills.

Town: The township in which the lot is located (i.e., Barker, Colesville, Vestal, etc.), not a mailing address town.

Lot Size: Give lot area in acres.

Name of Subdivision: If your property is part of a realty subdivision, please indicate the name.

Type of Building: What type of structure exists or is planned for the lot.

Existing/New: Is there a dwelling currently on the property (existing) or is the lot being developed (new).

Age: When was the dwelling built or manufactured.

Number of Bedrooms: How many rooms in the dwelling could conceivably be used as bedrooms. This is used for design purposes.

Low Flow Fixtures: New toilets, shower heads and faucets manufactured after 1994 would be considered low flow.

Garbage Disposal: Is there a garbage grinder in the kitchen sink?

Enhanced Treatment Unit (ETU) requires continuous electricity and a maintenance contract with a factory authorized dealer to be kept for the life of the unit. Renewals shall be sent to this office. You must complete, sign and submit to us an Enhanced Treatment Unit request form with application. Electrical work will not be inspected by the Broome County Health Department. Property owner is responsible for ensuring the electrical work is installed or inspected by a certified electrician.

Water Supply: Will it be a public supply or private well?

**APPLICANT MUST COMPLETE, SIGN AND DATE THE APPLICATION AND PAY THE REQUIRED FEE.
PLEASE DO NOT STAPLE YOUR CHECK OR MONEY ORDER TO THE APPLICATION. THANK YOU.
NO APPLICATION WILL BE PROCESSED UNTIL PAYMENT HAS BEEN RECEIVED.**

**APPLICATIONS SUBMITTED WITH NO DESIGN PLANS WILL BE KEPT ON FILE FOR ONE (1) YEAR FROM DATE PAID. AFTER ONE (1) YEAR, IF NO DESIGN PLANS HAVE BEEN SUBMITTED, A NEW APPLICATION AND PERMIT FEE MUST BE SUBMITTED IF CONSTRUCTION PLANS CONTINUE.
APPLICATION FEES ARE NON-REFUNDABLE.**