

For Office Use Only

BCHD PLANS

ENGINEERED PLANS

File # _____

Staff _____

Engineer _____

Recorded – Database eHIPS

Specs Date _____

Plan Approval _____

Date Received

Checked _____

Final Approval _____

Inspector _____

Comp. Date _____

Installer _____

Checked _____

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** _____ **Age** _____

(house, mobile home, etc.)

Total # of Bedrooms _____ **Low Flow Fixtures Installed (yes or no)** _____ **Garbage Disposal (yes or no)** _____

(1993 or later)

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

- 1) Application must be submitted to the Health Department with a \$50 permit fee.
- 2) Applicant must hire a licensed engineer to submit onsite wastewater treatment system plans to the Broome County Health Department.

EXISTING FAILED SYSTEM

- 1) Application must be submitted to the Health Department with a \$190 permit fee.
- 2) Applicant will need to hire a contractor to dig a test hole for soil evaluation by the Health Department. A percolation test may also be necessary. Have contractor call the Health Department for an appointment.
- 3) Based on information from the application and the soil testing, the Health Department will provide an onsite wastewater treatment design to the applicant.
- 4) Applicant will hire a Broome County Registered Installer to place the system per the design provided.
- 5) Broome County Health Department will inspect the construction as it progresses for conformance to the design and specifications.
- 6) When new system is in place and has passed all inspections, the Health Department will issue a Certificate of Approval to the owner of the property. Although this certificate states that the system was, at the time of inspection, installed per Health Department standards, there is no guarantee of future performance given. The system must be properly 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. A site evaluation/sewage cut is not required when an ETU is requested. You must complete, sign and submit to us an Enhanced Treatment Unit request form with application.

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.**