

# APPLICATION FOR ON-SITE WASTEWATER TREAT 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](http://www.chemungcountyhealth.org) ehs@chemungcountyny.gov

<i>Office Use Only</i>	
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.

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

<b>Applicant/Contractor Information:</b>	
Applicant/Contractor: _____	For office use: <input type="checkbox"/> Registration current <input type="checkbox"/> WC/DB current: _____
Phone #: _____ Email Address: _____	
Mailing Address: _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>
<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.</i>	
Signature of Applicant or Authorized Representative: _____ Date: _____	

<b>For Aerobic Treatment Unit (ATU) Installations:</b>	Date ATU Service Contract Rec'd: _____
>> Name of ATU installer: _____	<i>Office use only:</i>
	<input type="checkbox"/> Authorized ATU Installer <input type="checkbox"/> Registered as a Contractor <input type="checkbox"/> WC/DB current: _____

<i>For Office Use Only</i>	
Approved for Construction: _____	_____
<i>Date</i>	<i>Inspector</i>
Lot Size Verified: _____	_____
<i>Date</i>	<i>Inspector</i>
<small>(New Systems Only)</small>	

<b>Date Approved for Covering:</b> _____
Inspector Signature: _____
<b>Date of Final System Approval:</b> _____
Inspector Signature: _____
Email notification of <b>final approval</b> sent on _____ by _____ to: <input type="checkbox"/> Contractor <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Home Owner