CONSTRUCTION PERMIT FOR THE RESIDENTIAL REPAIR OF AN
ONSITE WASTEWATER TREATMENT SYSTEM

Address: ________________________________ Town: ________________

Draw a plot plan showing location of house, septic tank, leaching system, other components and well or water Service.

Call the Monroe County Department of Public Health at 753-5060 (24 hours in advance) for inspection of the system before backfilling

Number of bedrooms___  New or Existing septic tank______________ Size of septic tank ____________

Percolation Rate (highest of three) _________________ Depth of percolation tests______________

I certify that these percolation tests were done on _________________ (date) in accordance with NYS and Monroe County standards. ____________________________________________ (Installer’s signature)

Total amount of leach___________ Length of laterals ______________ Number of laterals __________

Width of trench_______________ Depth of trench____________

Leaching method (gravelless leaching product make/model or stone and pipe) ________________________________

THIS PERMIT MAY BE REVOKED IF FIELD CONDITIONS ARE FOUND TO DIFFER FROM INFORMATION SUBMITTED ON THE APPLICATION PLAN

The proposed arrangements for wastewater treatment for the above named property have been reviewed and found to meet the requirements of the Monroe County Department of Public Health with the information provided hereon. This permit is issued as per provisions of Article II A of the Monroe County Sanitary Code

FOR OFFICE USE ONLY

Payment date________________  Permit Approval Date __________________________

Received by__________________  Signature______________________________

NOTE: APPROVAL GRANTED WITH THE UNDERSTANDING THAT SAID PLANS ARE SUBJECT TO REVIEW AND REAPPROVAL AFTER TWO YEARS FROM THE APROVAL DATE, IF INSTALLATION IS NOT COMPLETED BY THAT TIME
CONSTRUCTION PERMIT FOR THE RESIDENTIAL REPAIR OF AN ONSITE WASTEWATER TREATMENT SYSTEM

Name of Owner_________________________________________________________ Date________________________

Mailing Address________________________________________________________ Phone________________________

________________________________________________________ E-Mail*______________________________

Name of Installer______________________________________________________ Phone________________________

Mailing Address________________________________________________________ E-Mail*______________________________

* If an e-mail address is provided, an inspection report including a system location map will be e-mailed to you upon completion of system installation and passing inspection.

Water supplied by: Public Water_______ Private Well_______

Approximate distance to nearest sanitary sewer: ____________________________

Internal Plumbing Check
All wastewater pipes, including laundry, must connect directly to a septic tank or aerobic treatment unit. Sump pumps must NOT discharge to the septic system.

Does the internal plumbing meet these requirements? Yes____ No_____ If no, explain____________________________________________________________

Is the house equipped with water saving fixtures? Yes_____ No_____ (1.6 gallons per flush max toilets and 3.0 gallons per minute max faucets and shower heads)

I hereby certify that all information provided hereon is true and I understand and agree with this onsite wastewater treatment system repair proposal. If approved, the proposed system, the water supply, and drainage facilities will be installed as indicated.

Signed_______________________________________ Owner

_______________________________________ Buyer

_______________________________________ Installer

DO NOT WRITE BELOW THIS LINE

Inspector________________________________________ Date________________________

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RETURN TO: Monroe County Department of Public Health
Bureau of Public Health Engineering
111 Westfall Road, Room 844
Rochester, New York 14620

Phone: (585) 753-5060; Fax: 753-5098