



TIOGA COUNTY HEALTH DEPARTMENT

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

Hours 9am – 5pm 607-687-8565

Application for Individual Sewage Treatment System

Office Use:
Date Received:
Comments:

Owners Name:	Phone Number:
Mailing Address: (street, city, state, zip)	
Location of construction site in detail:	
Town or Village:	Zip:
Tax Map#	Part of a Subdivision: Y N
Lot Size	
If Yes Name of Subdivision:	
System Serving: Commercial Residential	
Residential # of Bedrooms	Residential Garbage Disposal: Y N
Commercial # of Employees	Commercial - will there be a kitchen: Y N
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	<u>New Installation</u> <i>Site Investigation</i> <i>Complete design of new Septic System 3 set of plans.</i> <i>Final Inspection of Installed System</i>
\$425.00	<u>Existing System Failure/ Replacement System</u> <i>Site Investigation</i> <i>Complete design of new Septic System 3 set of plans.</i> <i>Final Inspection of Installed System</i>
\$50.00	<u>Repair of Existing System</u> <i>Site Investigation - Design for Repair</i> <i>System Could be Deemed a Total System Replacement Resulting in an Additional Design Fee</i>
\$75.00	<u>Extension of Existing System on File</u> <i>Site investigation of existing system and over view of proposed extension of system</i>
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 Plans by Private Engineer	
\$228.00	<u>Review of Alternative System – By Code Appendix 75-A</u> <i>Include 4 set of engineered plans</i>
\$128.00	<u>Review of Conventional System – Upon Request of CEO</u> <i>Include 4 set of engineered plans</i>
Signature:	Date:

Office Use:
Project Number: _____ Design/ Review Date: _____ Designer: _____
Ehips: _____ Close Out: _____

White – TCHD Yellow – CEO Pink – Applicant

TCHOWTS - 101 (REVISED 07/08)
G:\health\eh\septic forms &application



Tioga County Public Health Department
Health & Human Services Building | 1062 State Route 38, Owego, NY 13827



Phone: 607-687-8600 | Fax: 607-223-7030 | ph.tiogacountyny.gov
Heather Vroman, MSEd., Public Health Director

To: Tioga County Environmental Health

From: Owner _____

(Please Print)

Date: _____

Subject: Authorization for Communication

The following people are authorized to communicate with Tioga County Environmental Health on your behalf in reference to the septic system to be installed on your property.

Name	Address	Phone Number

Authorized by Owner Signature: _____



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Heather Vroman, MSEd. Public Health Director



TO: Tioga County Health Department
Environmental Health Division
1062 Route 38 PO Box 120
Owego NY 13827

I _____ request the installation of a NSF Class I
aeration unit at my property _____
in the Town of _____.

I understand that this system requires continuous electricity and that a maintenance contract with a factory authorized service center must be kept in effect for the life of the unit.

Signed _____ Date _____