

PROCEDURE FOR OBTAINING SEWAGE DISPOSAL CONSTRUCTION PERMIT

BROOME COUNTY HEALTH DEPARTMENT – 225 FRONT STREET, BINGHAMTON, NY 13905 (607-778-2887)

FOR NEW CONSTRUCTION, APPLICATION MUST BE SUBMITTED WITH \$50 PERMIT FEE AND APPLICANT MUST HIRE A LICENSED DESIGN PROFESSIONAL TO SUBMIT SEPTIC SYSTEM PLANS TO THE HEALTH DEPARTMENT.

TO CORRECT A FAILING SYSTEM AT AN EXISTING HOUSE, APPLICATION MUST BE SUBMITTED WITH \$75 PERMIT FEE AND THE HEALTH DEPARTMENT WILL PREPARE A SEPTIC SYSTEM DESIGN AFTER STEPS 1 AND 2 BELOW.

- 1) Hire a backhoe operator to provide a test cut in the area where the septic system will be located. The cut is typically 6' – 10' deep and 2' – 3' wide.
- 2) Have the backhoe operator call this office to make an appointment to meet a Health Department representative at the property.

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.

Mailing Address: Complete mailing address (including Zip Code) is necessary. The permit will be mailed to the applicant's address.

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

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

Property Location: We must be able to find your property. Include the distance in tenths of a mile to the nearest intersection in either direction, as well as the nearest 911 number.

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 (Barker, Colesville, Vestal, etc) not a Village.

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

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

Lot Size: Give lot area in acres or dimensions in feet.

Age: When was the dwelling built or manufactured.

Number of Bedrooms: How many rooms in the dwelling could conceivably be used as bedrooms?

Number of Occupants: How many people live in or will be living in the dwelling?

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

Water Supply: Is it existing or proposed? Type: Is it a drilled, driven or dug well; a spring or a public supply?

APPLICANT MUST COMPLETE SIGN AND DATE THE RETURN

PROCEDURE FOR OBTAINING A CERTIFICATE OF APPROVAL

- 1) The septic system must be installed according to the Health Department specifications or approved engineering plan.
- 2) After a satisfactory final inspection of the complete system including the distance to a water supply, a Certificate of Approval will be sent to the applicant and the Town Office. Although this certificate states that the system was, at the time of inspection, installed according to Health Department standards, it should be understood that no guarantee of future performance can be given. The system must be properly maintained for optimum performance. For more information, call the Broome County Health Department at (607) 778-2887.

PLEASE DO NOT STAPLE YOUR CHECK OR MONEY ORDER TO THE APPLICATION. THANK YOU !!

TAKE NOTE: YOUR SEPTIC SYSTEM MUST BE CONSTRUCTED BY A BROOME COUNTY REGISTERED INSTALLER. AN UP-TO-DATE LIST OF INSTALLERS WILL BE SENT UPON REQUEST.

Office
Use
Only

SPECIFICATIONS

					File # _____
Inspector	Date	Checked by	Recorded		
APPROVED _____					
Inspector	Date	Checked by	Recorded	Installer	
NOT APPROVED _____					
Inspector	Date	Checked by	Recorded	Engineer	

APPLICATION FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT
BROOME COUNTY HEALTH DEPARTMENT – 225 FRONT STREET, BINGHAMTON, N.Y. 13905 (607) 778-2887

* Applicant _____ * Phone (home) _____ (work) _____

* Mailing Address _____

* Owner _____ * Phone (home) _____ (work) _____

* Mailing Address _____

* Lot Size _____ * Name of Subdivision _____

* Property location (in detail) _____

_____ * Tax Map No. _____ * Town _____

* Type of Building _____ * Existing or New _____ * Age _____
 (house, mobile home, etc.)

* Total No. _____

Of: Bedrooms _____ Occupants _____ Garbage Disposal (yes or no) _____

* Water Supply: Existing or proposed _____ * Type: drilled well _____ spring _____ * Depth _____
 dug well _____ public _____ * Casing depth _____

* SIGNATURE _____ * DATE _____

APPLICANT – DO NOT WRITE BELOW THIS LINE AND PLEASE READ INSTRUCTIONS CAREFULLY

Date of Test _____ By _____ Date of Cut _____ By _____
 Soil perc test _____ Soil Characteristics (note GW or BR) _____

Hole no.	Depth inches	Minutes to drop each.		
		1 st inch	2 nd inch	3 rd inch

	1
	2
	3
	4
	5
	6
	7
	8

Application rate: _____ Gal/Day/Sq.Ft.
 Design Time: _____ Min/Inch

Approved For: Pits _____ Lines _____ Mound _____ Sand Filter _____ Other _____
 Ground Surface Slope _____ % VALID FROM _____ TO _____

K:sewage app.