

PUTNAM COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

PROPOSAL FOR SEWAGE TREATMENT SYSTEM REPAIR

Permit fee of \$150.00 certified bank check or money order required

| YES | NO | Internal Use Only | PERMIT # |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Repair Permit issued in last 5 years | <input type="checkbox"/> Not in Watershed |
| <input type="checkbox"/> | <input type="checkbox"/> | Repair within Boyd's Corners, W. Branch or Croton Falls Res. | <input type="checkbox"/> Delegated |
| <input type="checkbox"/> | <input type="checkbox"/> | Repair within 200 ft. of a watercourse or DEC-mapped wetland | <input type="checkbox"/> Joint Review |

SITE LOCATION _____ TOWN _____ TM # _____

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

APPLICANT _____
Name & Relationship (i.e., owner, tenant, contractor)

DATE _____ FACILITY TYPE _____ PCHD COMPLAINT # _____

PROPOSED INSTALLER _____ PHONE # _____

ADDRESS _____ REGISTRATION /LICENSE # _____

Proposal (include a separate sketch locating the house, property lines, all adjacent wells within 200 feet of repair and the location of existing and proposed system)

NOTE: The Department may require submittal of proposal from licensed professional depending on the nature and extent of the repair.

I, as owner, agree to the conditions stated on this form

SIGNATURE _____ TITLE _____ DATE _____
(owner)

I, the septic installer, agree to comply with the conditions of this permit for the septic system repair

SIGNATURE _____ TITLE _____ DATE _____
(installer)

Proposal approved with the following conditions:

1. Procurement of any Town Permit, if applicable.
2. Submission of as built repair sketch by the septic system installer within 30 days of the repair, in duplicate showing:
 - a. Owner's name, Site Street Name, Town and Tax Map number
 - b. Location of installed components tied to two fixed points
 - c. System description (e.g., 1250 gal. Concrete septic tank, etc.)
 - d. Installers' name and phone number
3. System repair to be performed in accordance with the above proposal and conditions
4. The proposed SSTS repair is considered a best fit design and there is no guarantee to the duration at which the completed SSTS repair will function.
5. No completed work is to be backfilled until authorization to do so has been obtained from the Department.

INTERNAL USE ONLY

| | | |
|--|--|-----------------------|
| Proposal Approved <input type="checkbox"/> | Proposal Denied <input type="checkbox"/> | |
| Inspector's Signature & Title _____ | Date _____ | Expiration Date _____ |
| Revisions: _____ | Inspector's Initials _____ | Date _____ |
| COPIES: PCHD; Owner; Installer | | |