APPLICATION FOR
ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Chemung County Health Department
103 Washington St., P.O. Box 588
Elmira, NY 14902-0588

ehs@chemungcountyny.gov
Environmental Health Services **607-737-2019**

Peter Buzzetti III, MPH
Public Health Director

Sarah Mattison, MPH
Deputy Public Health Director

Office Use Only

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.

Property Information: **Tax Map No.**_____

Property Owner Name: _____

Phone #: _____ Email Address: _____

Property Address *(including 911 #)* _____
Number and Street or Road *Town or Village*

Water Supply: ☐ Existing - *type:* _____ ☐ Proposed* - *type:*_____ ☐ Public Water Supply
*(*Proposed water supply must be located according to Health Department specifications)*

Bedrooms: _____ # Occupants: _____ Lot Size: _____ *Check one:* ☐ New ☐ Replacement System ☐ Replacement Tank Only

Applicant/Contractor Information:

Applicant/Contractor: _____ *For office use:* ☐ Registration current ☐ WC/DB current: _____

Phone #: _____ Email Address: _____

Mailing Address: _____
Street *City* *State* *Zip*

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.

Signature of Contractor or Authorized Representative: _____ **Date:** _____

For Aerobic Treatment Unit (ATU) Installations: *Office use only:* Date ATU Service Contract Rec'd:_____

>> Name of ATU installer: _____ ☐ Authorized ATU Installer ☐ Registered as a Contractor ☐ WC/DB current:

For Sand Filter Installations: A copy of the sand sieve analysis report issued by an independent lab **must be submitted** prior to permit issuance.

>> Name of sand supplier_____ *Office use only:* ☐ Report Received ☐ Meets NYSDOH specs

For Office Use Only

Approved for Construction: _____ _____
Date *Engineer / Inspector*

Lot Size Verified: _____ _____
(New Systems Only) *Date* *Inspector*

Date Approved for Covering: _____

Inspector Signature: _____

Date of Final System Approval: _____

Inspector Signature: _____

Email notification of **final approval** sent on _____ by ____ to: ☐ Contractor ☐ Code Enforcement ☐ Home Owner

EHS – On Shared – in Sewage – "STS Application Form (12-1-25)"

*Date STS permit **emailed**:* _____ *to:* ☐ *Contractor* ☐ *Code Enf.* ☐ *Owner*

*Date STS permit **mailed**:* _____ *to:* ☐ *Contractor* ☐ *Code Enf.* ☐ *Owner*

Form Number 04-026