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ENVIRONMENTAL HEALTH DIVISION
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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) - Application for Construction Permit

NOTE: This application will expire 1 year from the date it is received
(If an OWTS permit is subsequently issued, that permit will expire 2 years from the date it is issued)

Construction Type: New Replacement Conversion FEE: \$ _____

▼ TO BE COMPLETED BY APPLICANT ▼

*** HIGHLIGHTED AREAS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED UNPROCESSED ***

Property Location: _____ **Tax Map #:** _____

Realty Subdivision → Name of subdivision: _____ Lot #: _____

Property use is: Residential (# of units/apts _____) Non-Residential → Describe: _____

Application is for: A New Structure An Existing Structure **NOTE:** Back of page available for site sketch

Applicant: _____ e-mail: _____

Owner Prospective Owner Contractor Other: _____

Primary Phone: () - _____ Secondary Phone: () - _____ Fax: () - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Current Property Owner: _____ e-mail: _____

Primary Phone: () - _____ Secondary Phone: () - _____ Fax: () - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Additional Property Information:

Lot size: _____ acres **Note:** see Lot Size and Permit Requirements insert for minimum lot sizes and dimensions.

• Does the owner/prospective owner of this lot own any adjacent lots? Yes No

Number of: ▪ Bedrooms _____ ▪ Occupants _____ ▪ Kitchens _____ ▪ Garbage Grinders _____ ▪ Hot Tub/Spa Volume _____ gallons

▲ Enter 0 or N/A if not applicable ►

Toilet Volume in Gallons per Flush: ▪ 1.6 (circa 1994 – present) ▪ 3.5 (circa 1980 – 1993) ▪ 3.5+ (prior to 1980)

Water Supply Type:

▪ { Existing Proposed } ▪ { With Water Softener } ▪ { Drilled Well Public Other: _____ }

If Well → Depth: _____ feet Depth of Casing: _____ feet

I certify that I am the owner of the property referenced in this application or that I am authorized to both act as this owner's agent to apply for an onsite wastewater treatment system construction permit and to grant Tompkins County Health Department personnel access to the property for purposes related to the issuance of such a permit and the certification of any system subsequently constructed. Additionally, I certify that the information I have provided is accurate to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____