

STEBEN COUNTY HEALTH DEPARTMENT
PERMIT APPLICATION FOR
PRIVATE SEWAGE DISPOSAL SYSTEM

Permit No. _____
New _____
Remodel _____
Replace _____
Date Issued _____

NAME OF PROPERTY OWNER: _____

PRESENT MAILING ADDRESS: _____

I hereby request a permit to construct a private sewage disposal system at the following location:

Lot _____ Lot Size _____ Subdivision _____

Section _____ Township _____

Street or Rural Address _____ Phone _____

Name of Contractor or Person Installing System _____ Phone _____

HOUSE

No. Bedrooms _____ Basement _____ Sump Pump _____ Basement Stool _____

PRIMARY SEWAGE TREATMENT

Septic Tank: Name of Manufacturer _____ Liquid Capacity _____ Gallons

SECONDARY SEWAGE TREATMENT (A Soil Analysis, verified by the Health Department must be made before this section can be completed.)

Absorption Field: Total Trench Area _____ sq. ft.

Soil Type _____

WATER SUPPLY

Type (drilled, driven, dug): _____ Depth _____

Distance of well to nearest buried sewer, septic tank, or absorption field _____

Distance of pump to nearest buried sewer, septic tank, or absorption field _____

Distance of any neighboring well closer than 50 ft. to any part of your sewage system _____

Draw Plot Layout of Residence

I hereby certify that facilities at the above location will be installed in compliance with the Steuben County Ordinance, and as outlined in this application. I further certify that to the best of my knowledge all information contained in this application is correct. Failure to comply with the provisions of Steuben county Ordinance is a misdemeanor and on conviction is punishable by a fine of up to five hundred dollars (\$500.00) for the first offense.

If the permit is issued to the applicant (property owner) it is expressly understood that it cannot be transferred to any other person, nor for any other location. The issuance of this permit is in no way to be construed as assurance by the department that the proposed installation will always operate successfully.

Date _____

Signatures of property owner or owners

Witness _____

Issued by _____

Inspection of septic tank and absorption area by _____ Date _____