

APPLICATION FOR A SMALL SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

- \$ 50.00 _____ Sanitary Privy
- \$ 50.00 _____ Septic Tank Only Replacement
- \$ 100.00 _____ Full/Partial Replacement
- \$ 125.00 _____ Sanitary Privy and & Gray Water
- \$ 150.00 _____ New System

Date Rec'd. _____ From _____ Ck # _____ Fee Rec'd. \$ _____ Rect # _____
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Make check/money order payable to the
Cattaraugus County Health Department:

Olean Office - 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154 - (716) 373-8050
 Little Valley District Office - 503 Fair Oak Street, Little Valley, New York 14755 - (716) 938-9111
 Machias District Office - P. O. Box 188, 9824 Route 16, Machias, New York 14101 - (716) 353-8525

**** This permit expires one year from the issuance date. If the system is not installed before the expiration date, a one time extension good for one year can be obtained for a renewal fee of \$25. Such extension must be applied for within five years of original issuance. After five years the permit is void and the fee is forfeited if the system is never installed.**

APPLICANT TO COMPLETE ALL APPLICABLE SECTIONS BELOW

1. Property Owner's Name: _____ Phone: _____
2. Mailing Address: _____
3. Property Location: _____ Village or Town of: _____
Tax Map No. _____
4. Lot Size (Please submit survey map if available):
5. Water Supply: Existing _____ Proposed _____
Well _____ Spring _____ Public _____
6. Building Type:
 - a) Residential: Number of Occupants _____
Number of Bedrooms _____ Existing _____ New _____
Is there or will there be a garbage grinder? _____
 - b) Other: Specify Type of Building _____
What is the anticipated number of employees or other persons expected to use the sanitary facilities on a routine basis? _____
What type and number of sanitary facilities will there be? (examples: toilets, sinks, showers)

7. Sewage Contractor's Name: _____ Phone: _____
Contractor may act as my agent and receive specifications and a permit to construct the sewage system at the time of the inspection/soil test.
8. Person to contact for appointment to run soil tests:
Name: _____ Phone: _____

Signed: _____ Date: _____

**** NOTE: APPLICANT TO COMPLETE SKETCH ON BACK ****

Revised

(9/08)

APPLICANT MUST SUBMIT SURVEY MAP OF PROPERTY, IF AVAILABLE. IF NOT AVAILABLE, COMPLETE SITE PLAN SKETCH BELOW. On either document show lot size, location of all buildings, streams, underground utilities, property lines, existing water and sewage systems, and neighbor's water supply (if within 100 feet of the property line).

SKETCH

For Official Use Only

SOIL TEST

HOLE	DEPTH	MINUTES			
NO.	INCHES	1st"	2nd"	3rd"	4th"
_____	_____	_____	_____	_____	_____

Depth to Groundwater _____

Depth to Permeable Soil _____

Depth to Impermeable Soil Strata _____

Use sketch to show location of test holes with reference to house, property lines and any nearby water supplies.