



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

APPLICATION FOR AN ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT

- \$ 100.00 _____ Sanitary Privy
- \$ 100.00 _____ Septic Tank Only Replacement
- \$ 150.00 _____ Full/Partial Replacement
- \$ 200.00 _____ New System
- \$ 25.00 _____ Permit Renewal (After 1 year)

County Use Only

Date Rec'd. _____
 From _____
 Ck # _____
 Fee Rec'd. \$ _____
 Rect # _____

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) 701-3386
 Little Valley Office - 207 Rock City Street, Suite 201, Little Valley, NY 14755 - (716) 938-2474

** 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
Please provide an e-mail address. Electronic issuance of permits is preferred.

1. Property Owner's Name: _____ Phone: _____
2. **E-mail Address:** _____
3. Mailing Address: _____
4. Property Location: _____ Town of: _____
 Tax Map No. _____
5. Lot Size (Please submit survey map if available):
6. Water Supply: Existing _____ Proposed _____
 Well _____ Spring _____ Public _____
7. Building Type:
 - a) Residential: Number of Occupants _____
 Number of Bedrooms _____ Existing _____ New _____
 Is there or will there be a garbage grinder? _____
 - b) Commercial: 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)

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

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

Revised Jan-20

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 onsite wastewater treatment systems, and neighbor's water supply (if within 100 feet of the property line).

SKETCH

For Official Use Only

SOIL TEST

HOLE NO.	DEPTH INCHES	MINUTES			
		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.