

MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH BUREAU OF PUBLIC HEALTH ENGINEERING

CONSTRUCTION PERMIT FOR THE RESIDENTIAL REPAIR OF AN INDIVIDUAL WASTEWATER TREATMENT SYSTEM

Name of Owner _____ Town _____

Address _____

Draw a plot plan showing location of house, septic tank, leaching system, other components and well or water service.

Call the Monroe County Department of Public Health at 753-5060 (24 hours in advance) for inspection of the system before backfilling

Number of bedrooms _____ New or Existing septic tank _____ Size of septic tank _____

Percolation Rate (highest of three) _____ Depth of percolation tests _____

I certify that these percolation tests were done on _____ (date) in accordance with NYS and
Monroe County standards. _____ (Installer's signature)

Total amount of leach _____ Length of laterals _____ Number of laterals _____

Width of trench _____ Depth of trench _____

Leaching method (gravelless leaching product make/model or stone and pipe) _____

**THIS PERMIT MAY BE REVOKED IF FIELD CONDITIONS ARE FOUND TO DIFFER FROM INFORMATION SUBMITTED
ON THE APPLICATION PLAN**

The proposed arrangements for wastewater treatment for the above named property have been reviewed and found to meet the requirements of the Monroe County Department of Public Health with the information provided hereon. This permit is issued as per provisions of Article IIA of the Monroe County Sanitary Code

FOR OFFICE USE ONLY

Payment date _____ Name _____

Received by _____ Date _____

NOTE: APPROVAL GRANTED WITH THE UNDERSTANDING THAT SAID PLANS ARE SUBJECT TO REVIEW AND REAPPROVAL AFTER TWO YEARS FROM THE APPROVAL DATE, IF INSTALLATION IS NOT COMPLETED BY THAT TIME

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INDIVIDUAL WASTEWATER TREATMENT SYSTEM**

Name of Owner _____ Date _____

Mailing Address _____ Phone _____

Name of Installer _____ Phone _____

Mailing Address _____

Water supplied by (public water or well) _____

Approximate distance to nearest sanitary sewer _____

Internal Plumbing Check

All wastewater pipes, including laundry, must connect directly to a septic tank or aerobic treatment unit. Sump pumps must **NOT** discharge to the septic system.

Does the internal plumbing meet these requirements? (circle one) Yes No

If no, explain _____

House plumbing is equipped with water saving fixtures (1.6 gallons per flush max toilets and 3.0 gallons per minute max faucets and shower heads) (circle one) Yes No

I hereby certify that all information provided hereon is true and I understand and agree with this onsite wastewater treatment system repair proposal. If approved, the proposed system, the water supply, and drainage facilities will be installed as indicated.

Signed _____ Owner

_____ Buyer

_____ Installer

DO NOT WRITE BELOW THIS LINE

Inspector _____ Date _____

**RETURN TO: Monroe County Department of Public Health
Bureau of Public Health Engineering
111 Westfall Road, Room 938
Rochester, New York 14620**

(585) 753-5060; FAX 753-5098