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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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