

**ONONDAGA COUNTY DEPARTMENT OF HEALTH  
APPLICATION FOR  
PERMIT TO CONSTRUCT A WASTE DISPOSAL SYSTEM**

**(Becomes A Permit When Signed By Permit Issuing Official)**

**Note: This permit is only required for any project located within the Skaneateles or Otisco Lake Watershed**

Name of Applicant (Owner)	Location of Works (City, Village, Town)	County
Entity or Area Served	Type of Ownership  <input type="checkbox"/> Private  <input type="checkbox"/> Commercial  <input type="checkbox"/> Other	Type of Water Supply
Nature of Construction  <input type="checkbox"/> New <input type="checkbox"/> Addition or Alteration		
Degree of Treatment  <input type="checkbox"/> Septic Tank <input type="checkbox"/> Other	Design Flow  _____ Gallons per day	

Point of Discharge

Location (City, Village, Town) \_\_\_\_\_

Name of Watercourse to which ground water is tributary \_\_\_\_\_

Plans Prepared by: \_\_\_\_\_ N.Y. License No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**This form must be signed by the applicant unless accompanied by a letter of authorization.**

Signature of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Application \_\_\_\_\_ Telephone No. \_\_\_\_\_

By initiating construction of the approved works, the permittee accepts and agrees to abide by and conform with the following:

- 1) THAT the construction permit shall be maintained on file by the permittee.
- 2) THAT the permit is revocable or subject to modification or change pursuant to Article V of the Onondaga County Sanitary Code.
- 3) THAT the facilities shall be fully constructed and completed in compliance with the engineering report, plans, and specifications as approved.
- 4) THAT the facilities shall not be placed in operation until construction has been completed and inspected by the Department representative and authorization allowing use issued.

ISSUED FOR THE COUNTY COMMISSIONER OF HEALTH

	Date
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EFFECTIVE DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

ATTACHMENTS \_\_\_\_\_

Director, Division of Environmental Health  
Onondaga County Health Department