PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

CONSTRUCTION PERMIT FOR SEWAGE TREATMENT SYSTEM

PERMIT # _____

Located at _____ Town or Village _____

Subdivision name _____ Subd. Lot # _____ Tax Map _____ Block _____ Lot _____

Date Subdivision Approved _____ Renewal ☐ Revision ☐

Owner/Applicant Name _____ Date of Previous Approval _____

Mailing Address _____ Zip _____

Amount of Fee Enclosed $ _____

Building Type _____ Lot Area _____ No. of Bedrooms _____ Design Flow GPD _____

Fill Section Only ☐ **Depth** _____ **Volume** _____
PCHD NOTIFICATION IS REQUIRED WHEN FILL IS COMPLETED

Separate Sewerage System to consist of _____ gallon septic tank and _____

_____

Other Requirements: _____

To be constructed by _____ Address _____

Water Supply: ☐ Public Supply From _____ Address _____

or: ☐ Private Supply Drilled by _____ Address _____

I represent that I am wholly and completely responsible for the design and location of the proposed system(s) and that the separate sewage treatment system described above will be constructed as shown on the approved amendment thereto and in accordance with the standards, rules and regulations of the Putnam County Department of Health, and that on completion thereof a "Certificate of Construction Compliance" satisfactory to the Public Health Director will be submitted to the Department, and a written guarantee will be furnished the owner, his successors, heirs or assigns by the builder, that said builder will place in good operating condition any part of said sewage treatment system during the period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the original system or any repairs thereto.

Signed: _____ P.E. ☐ R.A. ☐ Date _____

Address _____ License # _____

APPROVED FOR CONSTRUCTION: This approval expires two years from the date issued unless construction of the sewage treatment system has been completed and inspected by the PCHD and is revocable for cause or may be amended or modified when considered necessary by the Public Health Director. Any revision or alteration of the approved plan requires a new permit. Approved for discharge of domestic sanitary sewage only.

By: _____ Title: _____ Date: _____

White copy - HD File; Yellow copy - Building Inspector; Pink copy - Owner; Orange copy - Design Professional