

DEPARTMENT USE ONLY

<input type="checkbox"/> CP	Inspector	/ /	Date	Reviewed by	/ /	Date	Recorded	/ /	Recorded	Log #:	_____
<input type="checkbox"/> CC	Inspector	/ /	Date				Recorded	/ /	Recorded	Permit #:	_____
<input type="checkbox"/> NCN										T V or C:	_____
File: <input type="checkbox"/> SSW6 <input type="checkbox"/> SSW7 <input type="checkbox"/> SR4 <input type="checkbox"/> MHP <input type="checkbox"/> TR <input type="checkbox"/> OTHER:											

Tompkins County Health Department  
 Environmental Health Division, 55 Brown Rd, Ithaca, NY 14850 Phone: (607) 274-6688 Fax: (607) 274 -6695

**SEPTIC TANK / PUMP CHAMBER**  
**Application for Permit to Replace and/or Add**

FEE: \$ \_\_\_\_\_

▼ TO BE COMPLETED BY APPLICANT ▼

**\* HIGHLIGHTED AREAS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED UNPROCESSED \***

**Property Location:** \_\_\_\_\_ **Tax Map #:** \_\_\_\_\_  p/o

Realty Subdivision → Name of subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Property use is:  Residential (# of units/apts \_\_\_\_ )  Non-Residential → Describe: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ e-mail: \_\_\_\_\_

Owner  Contractor  Other: \_\_\_\_\_

Primary Phone: ( ) - \_\_\_\_\_ Secondary Phone: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ e-mail: \_\_\_\_\_

Primary Phone: ( ) - \_\_\_\_\_ Secondary Phone: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Information:**

**Work to be Done:**  Replace Septic Tank  Add Septic Tank (in series with existing tank)  Replace Pump Chamber

• **Composition of Tank(s) to be Installed (if known):**  Concrete  Steel  Plastic (contact TCHD if considering plastic tank(s))

**Type of Existing Onsite Wastewater Treatment System (Sewage System):**

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Sand Filter                         | <input type="checkbox"/> Seepage Pit (Dry Well) | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Absorption Field (Tile/Leach Field) | <input type="checkbox"/> Absorption Bed         | <input type="checkbox"/> Unknown |

**Does the System Utilize a Pump?**  Yes  No  Unknown

**Number of:** ▪ Bedrooms \_\_\_\_\_ ▪ Occupants \_\_\_\_\_ ▪ Garbage Grinders \_\_\_\_\_ ▪ Indoor Hot Tub/Spa Volume \_\_\_\_\_ gallons

I certify that I am the owner of the property referenced in this application or that I am authorized to both act as this owner's agent to apply for this permit and to grant Tompkins County Health Department personnel access to the property for purposes related to the issuance of this permit and the certification of any septic tank and/or pump chamber subsequently replaced and/or added to the existing onsite wastewater treatment system. Additionally, I certify that the information I have provided is accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# SEPTIC TANK/PUMP CHAMBER INSTALLATION SPECIFICATIONS

**\*NOTE: It is the responsibility of the installer to verify that the construction of the septic tanks(s)/pump chamber(s) meet all of the requirements of NYSCR Appendix 75-A prior to installation. Failure to do so may result in a Non-Compliance Notification (NCN) upon final inspection.**

Check when  
criteria met

## INSTALLATION CHECK LIST

- Minimum separation distances from points of concern have been met or maximized to extent possible.
- Minimum tank capacity and minimum liquid surface area is appropriate to the number of bedrooms, the presence/absence of garbage grinder(s) and the volume of any indoor hot tub or spa.
- Tank(s) are level and are bedded on 3 inches of sand or pea gravel or on 5 inches of #2 aggregate.
- Tank(s) are watertight.
- Sanitary tees or baffles are present at both inlet and outlet of septic tank, and are installed properly.
- Covers are accessible and adequately protected to prevent tampering; watertight extension collars are present if manholes are more than 12 inches below final grade.
- Tank is dual chamber or in series with existing tank (recommended for all wastewater treatment systems; required for a sand filter or mound system, or when a garbage grinder is present).
- Surface runoff has been diverted away from septic tank(s) and/or pump chamber.
- Composition of tank(s)
  - Concrete    Steel    Plastic
  - If plastic – has it been installed above seasonal high ground water, and according to the manufacturer’s instructions?
- The tank that has been replaced has been emptied by a DEC permitted septage hauler and then properly abandoned. Check the method by which the tank has been abandoned:
  - Removed    Crushed and filled with soil or stone