

LIVINGSTON COUNTY  
 DEPARTMENT OF HEALTH  
 Center for Environmental Health  
 2 Murray Hill Drive  
 Mt. Morris, NY 14510-1691

Phone: (585) 243-7280 or (585) 335-1717  
 Fax: (585) 243-6793  
 Email: dept-of-health@co.livingston.ny.us  
 www.co.livingston.state.ny.us/pubhlth.htm



Permit #:
Amount Paid:
Receipt #:
Date Received:

## APPLICATION FOR INDIVIDUAL WASTEWATER TREATMENT SYSTEM PERMIT

<b>PROJECT INFORMATION</b>		TAX MAP #
Town:	Address:	
Name of Owner:	Phone Number:	
Name of Design Professional:	Phone Number:	
Name and address permit will be mailed to:		
Replacement/Repair System: YES [ ] NO [ ]	Individual Lot: YES [ ] NO [ ]	Lot Size:
Is the property part of the NYS Realty Subdivision? YES [ ] NO [ ]	If YES, please list the name of the subdivision:	
The System to be serviced is: _____ residential <b>OR</b> _____ commercial # of bedrooms _____ # of employees _____		
Garbage disposals are not recommended. If a garbage disposal is proposed, a larger dual compartment septic tank with gas deflection baffles will be required. Is a garbage disposal proposed? YES [ ] NO [ ]		
Water Supply: PUBLIC [ ] PRIVATE [ ]	Developed: YES [ ] NO [ ]	
Are there any existing wells within 200 feet of the area proposed for sewage treatment? YES [ ] NO [ ]		
<b>Fees:</b> <small>(Separate checks for permit and engineering fees <u>not</u> required)</small>	<b><u>Septic Tank Replacement/Privy</u></b> [ ] \$60.00 Permit Fee	<b><u>System Repair/Replacement Only</u></b> [ ] \$150.00 (\$95.00 Permit Fee + \$55.00 Engineering Fee)
		<b><u>Permit for New System</u></b> [ ] \$225.00 (\$120.00 Permit Fee + \$105.00 Engineering Fee)
If this application is <b>not</b> for a single-family residence, or septic waste only from a small business, or if you have questions or concerns, please call the Center for Environmental Health at (585) 243-7280 or (585) 335-1717.		
To obtain a permit for construction of an individual wastewater treatment system, design plans for the individual wastewater treatment system must also be submitted. The site conditions and the wastewater treatment system design information will be evaluated based upon the Wastewater Treatment Standards—Individual Household Systems of the New York State Department of Health (Appendix 75—A) and the Sanitary Code of Livingston County. A permit will not be issued unless the submitted information meets the applicable design requirements. Any permit issued is based on information provided by you or on your behalf and the Livingston County Department of Health cannot guarantee that this system will function as designed or continue to function in the future. If the system is in violation of applicable codes, it must be repaired.		
I have read and understand the content of this form and hereby attest that the information I have provided is true. I understand that this form is an application only and that a permit must be issued before any construction may occur.		
Name of Applicant	Signature of Applicant	Date
<b><u>PLEASE NOTE: APPLICATION FEE MAY NOT BE REFUNDED AFTER 60 DAYS OF RECEIPT</u></b>		