



Tioga County Public Health

Health & Human Services Building | 1062 State Route 38, Owego, NY 13827

Phone: 607-687-8600 | Fax: 607-223-7030 | ph.tiogacountyny.gov
Heather Vroman, MPH, MSEd., Public Health Director



Dear Tioga County Resident,

Enclosed is the application packet for an Individual Sewage Treatment System. Please complete **all** areas on page one and remember to sign and date at the bottom of the page. Complete pages two and three if applicable.

Return the application to **Tioga County Public Health** either by mail or drop off in-person with payment. Payments can be made electronically either online through our website <https://www.tiogacountyny.com/departments/public-health/> or in person. Please be aware, electronic payments will have a service fee of 2.65% with a minimum of \$3.00 per transaction. There is a second electronic payment option (E-check) that is only a flat fee of \$1.50 per transaction. We also accept paper check or cash as well. Please make checks payable to **Tioga County Treasurer**.

Once we have received your application and payment, and a start date of construction has been determined, please contact one of our Public Health Sanitarians to discuss your plans.

If you have any questions please call (607)687-8600, Option 1 for Environmental Health.

Thank you,

Tioga County Public Health Team
1062 State Route 38, PO Box 120
Owego, NY 13827



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Application for Individual Sewage Treatment System

Owners Name:		Phone Number:	Email:
Mailing Address: (street, city, state, zip)			
Location of Construction Site in Detail:			
Town or Village:		Zip:	Tax Map #:
Lot Size:	Part of a Subdivision:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Subdivision:
System Serving: <input type="checkbox"/> Commercial		<input type="checkbox"/> Residential	
Residential	# of Bedrooms:	Residential	Garbage Disposal:
Commercial	# of Gallons/Day:	Commercial	Will there be a kitchen:
Water Supply: <input type="checkbox"/> Public		<input type="checkbox"/> Private Well	
Are there any existing wells, streams or ponds within 200' of the area proposed for septic field?			
Is there property within 200' of your well or proposed well that is being used for agriculture use?			
Fee Schedule			
\$400.00 + Engineer Fee	<u>New Installation</u> <i>Site Investigation</i> <i>Complete design of new Septic System, 3 sets of plans</i> <i>Final Inspection of Installed System</i>		
\$400.00 + Engineer Fee	<u>Existing System Failure/Replacement System</u> <i>Site Investigation</i> <i>Complete design of new Septic System, 3 sets of plans</i> <i>Final Inspection of Installed System</i>		
\$150.00 + Engineer Fee	<u>Repair of Existing System</u> <i>Site Investigation-Design for Repair</i> <i>System Could be Deemed a Total System Replacement Resulting in an Additional Design Fee</i>		
\$150.00 + Engineer Fee	<u>Extension of Existing System on File</u> <i>Site investigation of existing system and overview of proposed extension of system</i>		
This site will be evaluated by the standards as required by the NYSCRR Title 10, Appendix 75-A. Tioga County Public Health does not guarantee that your sewage treatment system, which is to be installed pursuant to the above standards, will function properly or continue to function properly in the future.			
Plan Review by Private Engineer			
\$150.00 + Engineer Fee	<u>Individual Sewage-Alternative System Design- By Code Appendix 75-A</u> <i>Include 4 sets of engineered plans</i>		
\$175.00 + Engineer Fee	<u>Individual Sewage-Conventional System-Upon Request of CEO</u> <i>Include 4 sets of engineered plans</i>		
Signature:			Date:



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To: Tioga County Public Health

From: Owner _____
(Please Print)

Date: _____

Subject: Authorization for Communication

The following people are authorized to communicate with Tioga County Public Health on your behalf in reference to the septic system to be installed on your property.

Name of Client OR Contractor	Address	Email	Phone Number

Authorized by Owner Signature: _____ Date: _____



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TO: Tioga County Public Health
1062 State Route 38, PO Box 120
Owego, NY 13827

I _____ request the installation of a NSF Class I
(Print Name)
aeration unit at my property _____
(Site Address)
In the Town of _____.

I understand that this system requires continuous electricity and that a maintenance contract with a factory authorized service center must be kept in effect for the life of the unit.

Signed _____ Date _____