

Madison County Public Health

Environmental Division

Application for Review and Approval
Alternative/Household Wastewater Treatment System

TRACKING: (FOR OFFICE USE ONLY)

[] Application Complete ____/____/____ [] Plan Accepted ____/____/____
[] Fee Received ____/____/____ [] Site Inspection ____/____/____
[] Installation Inspected ____/____/____ [] Parcel ID _____

INSTRUCTIONS:

- 1) Read instructions thoroughly and carefully follow the outlined procedure-**failure to do so may result in additional delays in the approval process. Plans should be submitted at least 30 days prior to start of construction.**
- 2) Review and complete this application.
- 3) Submit: a) completed application for each lot
b) \$125.00 review and inspection fee payable to Madison County Public Health
c) at least 2 copies of a design and site plan drawn by an Engineer
- 4) Your proposal and application will be reviewed and a site inspection will be conducted.
- 5) If your proposal is unacceptable it will be returned to you for re-submission.
- 6) A copy of the approval will be forwarded to the applicant.

Applicant: _____
(Last name) (First) (MI) (Phone)

(Mailing address)

Engineering Consultant: _____
(Last name) (First) (MI) (Phone)

(Mailing address)

Site Location: _____
(Address) (Municipality)

Directions _____

Type of System (Proposed) _____ **Source of Design Concept** _____

Reason for proposed alternate design _____

SITE DESCRIPTION

Soil Description:	Type of Dwelling	Lot Size
_____	Number of Bedrooms _____	Topography _____
_____	Number of Occupants _____	Water Supply; [] Private
_____	Depth to water table _____	[] Municipal
_____	Date depth determined _____	Well Depth: _____

Signature _____ **Print name** _____ **Date** ____/____/____

(OFFICE USE ONLY)

Approval is hereby granted to this proposed alternate system according to its approved design. Town, Village, or City Officials are to be contacted before construction begins. Construction pursuant to this the approved plans should not pose any foreseeable health or environmental problems. In accordance with New York State Department of Health Administration Rules and Regulations, Part 75.5, approval is hereby granted.

Date ____/____/____ Signature _____ Print name _____

