

**ONONDAGA COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
APPLICATION FOR REPAIR OF SEWAGE DISPOSAL SYSTEM**

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**Owner**

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**Address of Property**

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**Town**

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**Additional Information on location of Property (Indicate directions to property and provide the information such as common name of area in which it is located, tax map number, subdivision name and lot number).**

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**Occupation of Property is:**  **Seasonal** or  **Year Round**

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**Number of Bedrooms in Structure:** \_\_\_\_\_

**Existing Plumbing Fixtures (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Flush Toilet</b>  | <input type="checkbox"/> <b>Kitchen Sink</b>   | <input type="checkbox"/> <b>Shower Stall</b> |
| <input type="checkbox"/> <b>Bathroom Sink</b> | <input type="checkbox"/> <b>Dish Washer</b>    |  |
| <input type="checkbox"/> <b>Bath Tub</b>      | <input type="checkbox"/> <b>Clothes Washer</b> |  |

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**Describe the proposed repair work (indicate the size of all units to be constructed. Where there is more than one system, indicate what each will serve).**

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**Was a percolation test conducted?**  **Yes**  **No**

**If yes, a separate form indicating the results of the test must be attached.**

**Sketch of Property (On a separate sheet provide a sketch to indicate approximate location of structures, property lines, driveways, water supply and existing septic tank and disposal systems. Also, show the location and dimensions of the proposed repair work.) If you have a lot survey, make a copy and sketch the information on it.**

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**Will the proposed construction require a waiver from any minimum recommended separation distance or other design standards?  Yes  No**

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**If yes, describe here:**

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**The undersigned as owner of this property hereby requests permission to construct repairs to my sewage disposal system as outlined above. This proposal represents no change in total usage of the property. I understand that I have the option of hiring a design professional to prepare plans for this purpose but have elected not to do so. I will contact the Division of Environmental Health for an inspection of the work prior to covering it. I agree to hold the County of Onondaga harmless from any liability arising from its approval of this proposal.**

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**Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_**

**Mailing Address (if different from property address)**

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**Telephone # \_\_\_\_\_**

**Signature \_\_\_\_\_**

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**Note: This form is to be used for repair of existing sewage disposal systems where Health Department review is required by regulation. This form is valid only where there is to be no change in total usage of the property. Acceptability of this proposal will be dependent upon the results of review of the information presented. The County retains the option to reject this form and require that a formal plan be prepared and submitted in accordance with established procedures.**

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