APPLICATION FOR INDIVIDUAL WASTEWATER TREATMENT SYSTEM
Town of Wayland, Code Office

PROJECT SITE: TAX MAP:

Town: Address:

Name of Owner: Phone #

Name of Design Professional: Phone #

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 or _____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 { }

Fees:	Permit for Septic Tank Replacement	Permit for System Repair Only	Permit for New System
	$ .00 { }	$ .00 { }	$ .00 { }

If this application is **not** for a single family residence, or septic waste only from a small business, or if you have uestions or concerns, please call the Center for Environmental Health at 1 (607) 324-5121

To obtain a permit for construction of an individual wastewater treatment system, design plans for the ıdividual wastewater treatment system must also be submitted. The site conditions and the wastewater treatment ystem design information will be evaluated based upon the Wastewater Treatment Standards – Individual Household ystems of the New York State Department of Health (Appendix 75-A) and the Sanitary Code of Steuben County. A ermit will not be issued unless the submitted information meets the applicable design requirements. Any permit ssued is based on information provided by you or on your behalf and the Steuben County Department of Health cannot uarantee that this system will function as designed or continue to function in the future. If the system is in violation of pplicable codes, it must be repaired.

Jame of Applicant:_____ Date:_____

ignature of Applicant:_____ Code Officer:_____