

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

CERTIFICATE OF CONSTRUCTION COMPLIANCE FOR SEWAGE TREATMENT SYSTEM

PCHD CONSTRUCTION PERMIT # _____

Located at _____ Town or Village _____

Owner/Applicant Name _____ Tax Map _____ Block _____ Lot _____

Formerly _____ Subdivision Name _____

Subd. Lot # _____

Mailing Address _____ Zip _____

Date Construction Permit Issued by PCHD _____

Separate Sewerage System built by _____ Address _____

Consisting of _____ Gallon Septic Tank and _____

Other Requirements: _____

Water Supply: _____ Public Supply From _____ Address _____

or: _____ Private Supply Drilled by _____ Address _____

Building Type _____ Has erosion control been completed? _____

Number of Bedrooms _____ Has garbage grinder been installed? _____

I certify that the system(s), as listed, serving the above premises were constructed essentially as shown on the as-built plans (copies of which are attached), in accordance with the issued PCHD Construction Permit and approved plans and the standards, rules and regulations of the Putnam County Department of Health.

Date: _____ Certified by _____ P.E. _____ R.A. _____

(Design Professional)

Address _____ License # _____

Any person occupying premises served by the above system(s) shall promptly take such action as may be necessary to secure the correction of any unsanitary conditions resulting from such usage. Approval of the separate sewage treatment system shall become null and void as soon as a public sanitary sewer becomes available and the approval of the private water supply shall become null and void when a public water supply becomes available. Such approvals are subject to modification or change when, in the judgment of the Public Health Director, such revocation, modification or change is necessary.

By: _____ Title: _____ Date: _____