

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

**GUARANTEE OF SUBSURFACE SEWAGE TREATMENT SYSTEM**

Owner or Purchaser of Building	Tax Map      Block      Lot
Building Constructed by	Town/Village
Location – Street	Subdivision Name
Building Type	Subdivision Lot #

I represent that I am wholly and completely responsible for the location, workmanship, material, construction and drainage of the sewage treatment system serving the above-described property, and that it has been constructed as shown on the approved plan or approved amendment thereto, and in accordance with the standards, rules and regulations of the Putnam County Department of Health, and hereby guarantee to the owner, his successors, heirs or assigns, to place in good operating condition any part of said system constructed by me which fails to operate for a period of two years immediately following the date of approval of the "Certificate of Construction Compliance" for the sewage treatment system, or any repair made by me to such system, except where the failure to operate properly is caused by the willful or negligent act of the occupant of the building utilizing the system.

The undersigned further agrees to accept as conclusive the determination of the Commissioner of Health of the Putnam County Department of Health as to whether or not the failure of the system to operate was caused by the willful or negligent act of the occupant of the building utilizing the system.

Dated: Month _____ Day _____ Year _____	Signature: _____ (Septic System Installer)
General Contractor (Owner) – Signature	Title: _____ PCHD License # _____
Corporation Name (if corporation)	Corporation Name (if corporation)
Address: _____	Address: _____
State: _____ Zip _____	State: _____ Zip _____