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)

Title:

PCHD License # _____________________

____________________________________

____________________________________

Corporation Name (if corporation)

Corporation Name (if corporation)

Address: ___________________________

Address: ___________________________

State: ________________ Zip __________

State: ________________ Zip __________

Form GS-97