

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 _____
Subdivision 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? Yes No

Number of Bedrooms _____ Has garbage grinder been installed? Yes No

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 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 Director/Commissioner, such revocation, modification or change is necessary.

By: _____ Title: _____ Date: _____

One copy - HD File; One copy - Building Inspector; One copy - Owner; One copy - Design Professional