

ERIE COUNTY DEPARTMENT OF HEALTH  
Division of Environmental Health

DESIGN PROFESSIONAL  
ONSITE WASTEWATER TREATMENT SYSTEM  
CONSTRUCTION CERTIFICATION FORM

Address of Project (must include house #): \_\_\_\_\_

S.B.L# of parcel: \_\_\_\_\_ Town, Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant E-mail Address: \_\_\_\_\_

Project Description: (type of system, # bedrooms, flow rate):  
\_\_\_\_\_  
\_\_\_\_\_

Construction Deviations from Approved Plans (be specific. If none, mark N/A):  
\_\_\_\_\_  
\_\_\_\_\_

Erie County Permit #: \_\_\_\_\_ Date Construction Completed: \_\_\_\_\_

NOTE: This form must be completed and submitted within 30 days of construction completion.

I certify that I have witnessed the construction of the onsite wastewater treatment system at this location and/or have inspected the installed components of the onsite wastewater treatment system at this location and that the system was constructed in accordance with the Erie County Department of Health approved plans and per the New York State Sanitary Code Part 75-A (Wastewater Treatment Standards) and Residential Onsite Wastewater Treatment System Design Handbook for flows less than 1,000 GPD or New York State Department of Environmental Conservation Design Standards for Wastewater Treatment Works for Intermediate Sized Sewerage Facilities for flows greater than or equal to 1,000 GPD, the Erie County Sanitary Code and any other applicable standards of the Commissioner of Health must be used for the basis of design.

I certify that any deviations from the approved plans are noted above and meet the New York State Sanitary Code Part 75-A (Wastewater Treatment Standards) and Residential Onsite Wastewater Treatment System Design Handbook for flows less than 1,000 GPD or New York State Department of Environmental Conservation Design Standards for Wastewater Treatment Works for Intermediate Sized Sewerage Facilities for flows greater than or equal to 1,000 GPD, the Erie County Sanitary Code and any other applicable standards of the Commissioner of Health must be used for the basis of design.

\_\_\_\_\_  
Signature of Design Professional

\_\_\_\_\_  
NYS License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Design Professional

\_\_\_\_\_  
Email Address for Design Professional