Residential Onsite Sewage System
Sign-off Form

Property Owner: ____________________________________________

Project Address: ____________________________________________

The review of the submitted construction plan has been completed by the Steuben County Health Department (SCHD).

The individuals involved in the construction project acknowledge that the locations of the well, onsite sewage system and residence have been accurately represented on the construction plan as indicated by their signatures below. The general contractor, well driller and onsite system installer have visited the site and hereby acknowledge that the well, onsite sewage system and residence can be installed as represented in the approved plan.

Any change to the approved plan including, but not limited to, locations, floor plans, or components of the onsite system must be approved by the SCHD prior to the installation. If the general contractor, well driller or onsite system installer of record change after the permit is issued, the SCHD must be notified so that the review process can be completed by the newly selected contractor(s).

This form must be signed, dated and returned to the SCHD prior to the issuance of the onsite system permit and well permit, if applicable. The form will be retained as part of the permanent property record.

**After signatures have been obtained, please schedule an appointment in advance with the SCHD for permit issuance.**

Required Signatures:

Property Owner ____________________________________________ Date ____________

General Contractor ________________________________ Date ____________

Well Driller ____________________________________________ Date ____________

Onsite System Installer ________________________________ Date ____________

Revised 10-18