



CERTIFICATE OF COMPLIANCE

issued by the Building Department of

THE CITY OF ITHACA, NEW YORK

The Building Commissioner hereby certifies that the building located at

512 Seneca Street W

used and occupied as a

*TWO (2) DWELLING UNITS IN A R-3b ZONE

conforms with the requirements of the applicable New York State Codes: the New York State Multiple Residence Law, if applicable, and the City of Ithaca Housing and Zoning Code as to minimum standards applicable to a building of its class and intended occupancy.

Declaration of intent has been made by the owner of this building that these standards of safety will be maintained and occupancy will be maintained in compliance with the zoning regulations of the City of Ithaca and issuance of this certificate is predicated upon this declaration.

This certificate is, therefore, summarily revocable when, as and if it is determined that said standards are not maintained. This certificate is not transferable.

Under present ownership, this certificate shall be valid for a maximum period of Five (5) year from the issue date.

Owner: Orson R. Ledger
P.O. Box 822
Ithaca, NY 14851

Electrical Certification: H709401
Date: 11/16/1990

Housing and Land Use Supervisor: _____

Dated: 3/23/2015

*Please note the conditions listed on the attached cover letter dated 4/7/2015



CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

BUILDING DEPARTMENT - 4TH Floor

Telephone: 607 274-6508 Fax: 607 274-6521

4/7/2015

Mr. Orson R. Ledger
P.O. Box 822
Ithaca, NY 14851

RE: Certificate of Compliance for 512 Seneca Street W

Dear Owner:

Attached is a Certificate of Compliance, which is based on the conditions as observed on inspection of the premises on **March 23, 2015**, and is being issued effective that date, for your property located at **512 Seneca Street W**. This Certificate is issued at this time with the following conditions attached:

***NOTE #1: Maximum occupancy is limited by the City of Ithaca Housing and Zoning Code as follows:**

TWO (2) DWELLING UNITS IN A R-3b ZONE

Apt. # 1: 3 Unrelated Persons

Apt. # 2: 2 Unrelated Persons

MAXIMUM OCCUPANCY IS LIMITED TO 5 UNRELATED PERSONS. OWNER MAY DISTRIBUTE WITHIN THAT LIMITATION INDIVIDUALS/PERSONS AS LISTED ABOVE.

1. This Certificate is granted based on a visual inspection of the premises and the correction of any apparent deficiencies found.
2. This Certificate does not include approval of electrical wiring unless a New York Board of Fire Underwriters Certificate number or a defects removed by the City of Ithaca Electrical Inspector is indicated on the attached certificate.
3. This building is equipped with fire protection equipment (i.e.: single station smoke detectors and/or fire detection or alarm systems) which is required under existing City and State building codes. As property owner it is your responsibility to ensure that this equipment is maintained and periodically tested according to manufacturer's specifications, NYS Building Code, and NFPA requirements.
4. This certificate letter is limited to the extent indicated on the decision for Case #HC-225-81 (Housing Board of Review), HC-185-82 (Housing Board of Review)

Mr. Orson R. Ledger
P.O. Box 822
Ithaca, NY 14851

4/7/2015

Page 2

RE: Certificate of Compliance for 512 Seneca Street W

In compliance with the City of Ithaca Housing and Zoning regulations, it is the responsibility of the property owner to contact the Building Department to schedule a new housing inspection prior to the expiration of the current Certificate of Compliance.

Sincerely,



Gino Leonardi
Housing and Land Use Supervisor

GL:fm
Attachment
cc: Edith Spaulding



CERTIFICATE OF COMPLIANCE

issued by the Building Department of

THE CITY OF ITHACA, NEW YORK

The Building Commissioner hereby certifies that the building located at

309-11 Titus Avenue S

used and occupied as a

*TWO (2) DWELLING UNITS IN A R-2b ZONE

conforms with the requirements of the applicable New York State Codes: the New York State Multiple Residence Law, if applicable, and the City of Ithaca Housing and Zoning Code as to minimum standards applicable to a building of its class and intended occupancy.

Declaration of intent has been made by the owner of this building that these standards of safety will be maintained and occupancy will be maintained in compliance with the zoning regulations of the City of Ithaca and issuance of this certificate is predicated upon this declaration.

This certificate is, therefore, summarily revocable when, as and if it is determined that said standards are not maintained. This certificate is not transferable.

Under present ownership, this certificate shall be valid for a maximum period of Five (5) year from the issue date.

Owner: Orson R. Ledger
P.O. Box 822
Ithaca, NY 14851

Electrical Certification: Per Bill M.
Date: 3/24/2015

Housing and Land Use Supervisor:

Dated: 3/23/2015

*Please note the conditions listed on the attached cover letter dated 3/30/2015



CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

BUILDING DEPARTMENT - 4TH Floor

Telephone: 607 274-6508 Fax: 607 274-6521

3/30/2015

Mr. Orson R. Ledger
P.O. Box 822
Ithaca, NY 14851

RE: Certificate of Compliance for 309-11 Titus Avenue S

Dear Owner:

Attached is a Certificate of Compliance, which is based on the conditions as observed on inspection of the premises on **March 23, 2015**, and is being issued effective that date, for your property located at **309-11 Titus Avenue S**. This Certificate is issued at this time with the following conditions attached:

***NOTE #1: Maximum occupancy is limited by the City of Ithaca Housing and Zoning Code as follows:**

TWO (2) DWELLING UNITS IN A R-2b ZONE

Apt. # 309: 3 Unrelated Persons

Apt. # 311: 3 Unrelated Persons

***NOTE #2: Attic can not be used as habitable space.**

MAXIMUM OCCUPANCY IS LIMITED TO 6 UNRELATED PERSONS. OWNER MAY DISTRIBUTE WITHIN THAT LIMITATION INDIVIDUALS/PERSONS AS LISTED ABOVE.

1. This Certificate is granted based on a visual inspection of the premises and the correction of any apparent deficiencies found.
2. This Certificate does not include approval of electrical wiring unless a New York Board of Fire Underwriters Certificate number or a defects removed by the City of Ithaca Electrical Inspector is indicated on the attached certificate.
3. This building is equipped with fire protection equipment (i.e.: single station smoke detectors and/or fire detection or alarm systems) which is required under existing City and State building codes. As property owner it is your responsibility to ensure that this equipment is maintained and periodically tested according to manufacturer's specifications, NYS Building Code, and NFPA requirements.
4. This certificate letter is limited to the extent indicated on the decision for Case #HC-52-81 (Housing Board of Review), HC-32-87 (Housing Board of Review)

Mr. Orson R. Ledger
P.O. Box 822
Ithaca, NY 14851

3/30/2015
Page 2

RE: Certificate of Compliance for 309-11 Titus Avenue S

In compliance with the City of Ithaca Housing and Zoning regulations, it is the responsibility of the property owner to contact the Building Department to schedule a new housing inspection prior to the expiration of the current Certificate of Compliance.

Sincerely,



Gino Leonardi
Housing and Land Use Supervisor

GL:fm
Attachment
cc: Edith Spaulding



Your Partner for a Healthy Community

Environmental Health Division
401 Harris B. Dates Drive, Ithaca, NY 14850
(607) 274-6688; Fax (607) 274-6695

CERTIFICATE OF COMPLETION OF SEWAGE TREATMENT SYSTEM

Date: 08/13/2008
Owner's Name: ORSON LEDGER
Property Location: 1720 MECKLENBURG RD
(Town) (Village) (City): Town Of (4) Enfield
Tax Map Number: 4.-1-10
Design Basis: 330 gallons per day Equivalent to: 3 bedrooms
Construction Type: Replacement Sewage System

The individual onsite sewage treatment system installed at the above noted premises has been constructed in general conformity with the requirements of the Tompkins County Health Department and as described on the Permit to Construct a Sewage Treatment System.

A handwritten signature in black ink, appearing to be "Orson Ledger", is written over a horizontal line.

Signature

CC: Enfield, Town Of (4) CEO

To help extend the useful life of your sewage treatment system, the septic tank should be pumped every 2 to 4 years depending upon the amount of solids such as greases, soap scum, toilet wastes, and other solid materials discharged to the tank. When combined depth of sludge and scum in the tank equals or exceeds 1/4 of the total liquid depth, pumping is necessary. Checking the scum and sludge depth should be performed by a professional or someone familiar with septic tanks. Tanks are best pumped in the spring or summer as they adjust more readily in warm weather. Inlet and outlet baffles in the tank should be checked at the time of pumping.

A list of authorized pumpers may be obtained from the Health Department. It will be to your advantage to insist on a fixed cost for pumping or at least to obtain a definite maximum estimate before engaging a septic tank pumper.

Normal use of household detergents and chemicals will not harm your system. Do not discard non-household substances into your system, such as motor oil, antifreeze, etc. This is illegal, will contaminate ground water and will ruin your system. Contact the Tompkins County Solid Waste Division for information on discarding or recycling toxic chemicals not intended for your sewage system.

If repairs or replacement of the system become necessary, a new permit from the Health Department will be required.

If triangulation distances to the septic tank and distributions boxes could be obtained, they will be noted on the back of this sheet. These measurements will help find the tank pumping, and the distribution box should the system need troubleshooting in the event of failure or poor performance.

SEWAGE TREATMENT SYSTEM CONSTRUCTION PERMIT
TOMPKINS COUNTY HEALTH DEPARTMENT
 401 Harris B. Dates Drive, Ithaca, NY 14850-1386 (607)274-6688 Fax (607)274-6695
 Your partner for a healthy community.

For: ORSON R. LEDGER Permit # SP2008-657

Location: 1720 MECKLENBURG ROAD Tax Map # 4-4-1-10

Permit valid for design flow not in excess of 330 gallons per day (3 bedroom house or equivalent).

Valid for inclusion of garbage grinder wastes Yes No Toilet volume per flush 1.6 gallons.

Based on the application information provided, and in accordance with the provisions of the County Sanitary Code, you are hereby granted permission to construct a sewage treatment system at the above location. Significant changes could invalidate the permit.

This permit is valid for two years from date of issue. Permit may be renewed for a period of two more years, or transferred to another person, if application is made prior to expiration.

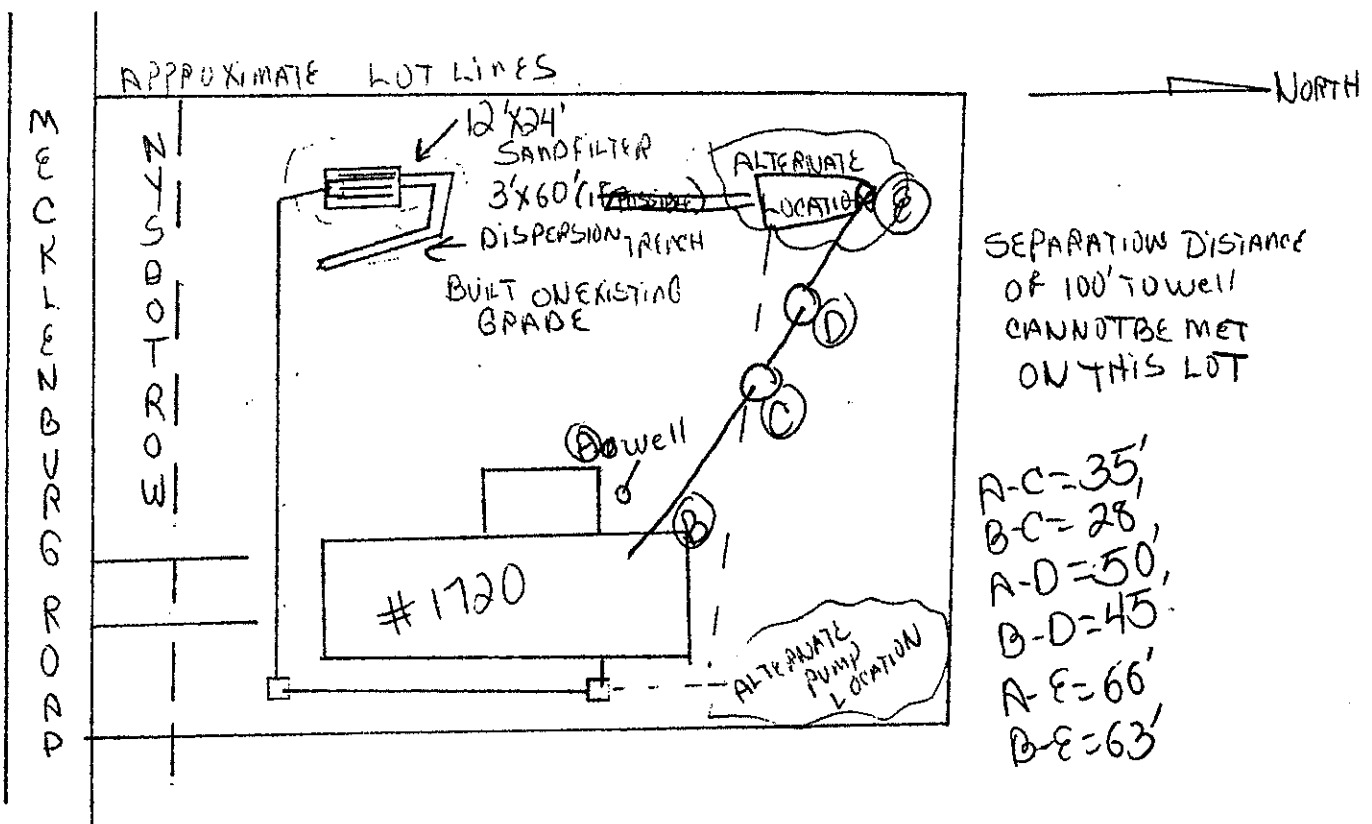
Inspector: R. EWALD Date: 8 Dec - 2008

INSPECTOR'S COMMENTS

Inspection Checklist	Yes	No	NA
Distance From Well			
Proper ST Size			
DB Level			
Proper Pipe Grades			
Trench Depth			
Stone and Sand Depth			
Pea Gravel			
Straw Cover/Permeable Geotextile			
6-12 inch Topsoil			
Surface Grading			

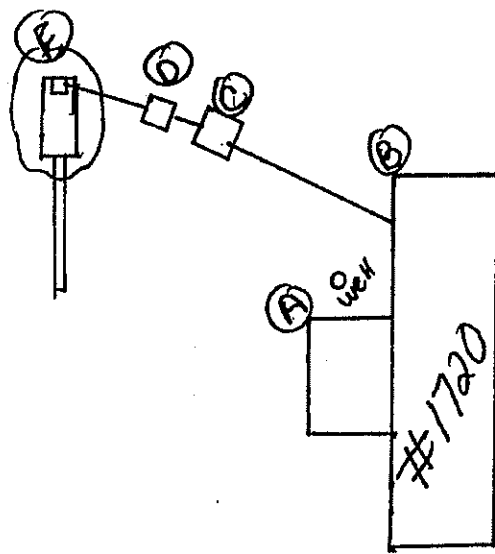
SKETCH FOR APPROVED DESIGN OF SEWAGE TREATMENT SYSTEM

Minimum lot size required for this sewage system is _____ usable area which can contain a _____ feet diameter circle. Lot size may NOT be reduced below this minimum without Health Department approval.



(T) ENFIELD
4.-1-10

C = 1000 GALLON
SEPTIC TANK
D = PUMP CHAMBER
E = DISTRIBUTION
BOX TO
12'X24'
ELEVATED
SAND
FILTER



MECKLENBURG ROAD

A-C = 35'
B-C = 28'

A-D = 50'
B-D = 45'

A-E = 66'
B-E = 63'

**TOMPKINS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

401 Harris B. Dates Drive
Ithaca, New York 14850-1385
(607) 274-6688

**APPROVAL OF SEWAGE TREATMENT SYSTEM
CERTIFICATE OF COMPLETION**

Date: April 12, 2004

Owner's Name: Orson R. Ledger

Property Location: 547 Brooktondale Road

(Town) (Village) (City): (T) Caroline

Tax Map Number: 1-10.-1- 6

DESIGN BASIS: Not to exceed 330 gallons* sewage per day. For a dwelling, this is equivalent to 3 bedrooms.

I hereby certify that the private sewage disposal facilities installed at the above noted premises have been constructed in general conformity with the regulations of the Tompkins County Department of Health and the plans on file in this office, thus fulfilling the requirements of the Tompkins County Sanitary Code.

* 1.6 Gallon Flush Toilets


Signature

To help extend the useful life of your disposal system, the septic tank should be cleaned every 2 to 4 years depending upon the amount of solids such as greases, soap scum, toilet wastes, and other solid materials discharged to the tank. If possible, the sludge and scum depth should be checked every year. When combined depth of sludge and scum equals 1/4 of the total liquid depth, cleaning is necessary. Septic tanks are best cleaned in the spring or summer as they become readjusted more readily in warm weather. Condition of the baffles in the tank should be checked at the time of cleaning.

A list of persons authorized to clean septic tanks in this County may be obtained from the Health Department. It will be to your advantage to insist on a fixed cost for cleaning or at least to obtain a definite maximum estimate before engaging a septic tank cleaner.

Normal use of household detergents and chemicals will not be harmful to your disposal system. Avoid use of so-called septic tank cleaners or conditioners as they have not been shown to be beneficial and they may result in actual harm to the system.

If repairs or replacement of the system become necessary, a new permit from this Department will be required.

(SEE BACK OF PAGE)



disk5
cc.lm

A to ST = 18ft
PC = 22ft
DB = 47ft

B to ST = 23ft
PC = 32ft
DB = 57ft

To Lanesby Rd ← BROOKTONDALE RD → To Valley Rd

(W)

3 BR House
547

DRIVEWAY

(B)

(A)

Virtually
Flat
lot

500

1000 S.T
DUAL

DB
20' x 44'
Leaching
Bed

old
system

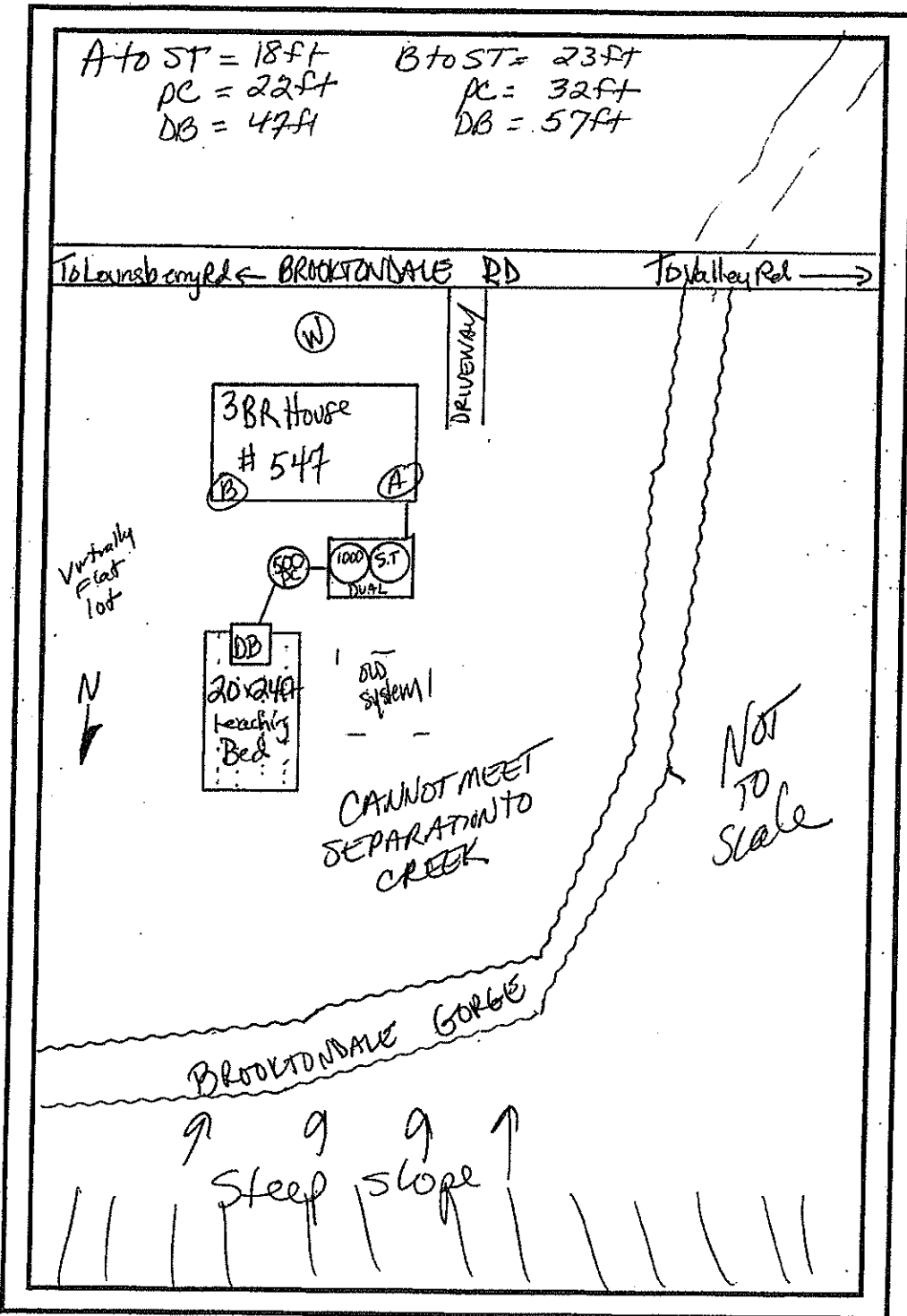
N

CANNOT MEET
SEPARATION TO
CREEK

NOT
TO
SCALE

BROOKTONDALE GORGE

Steep slope



SEWAGE TREATMENT SYSTEM CONSTRUCTION PERMIT
TOMPKINS COUNTY HEALTH DEPARTMENT
 401 Harris B. Dates Drive, Ithaca, NY 14850-1386 (607)274-6688 Fax (607)274-6695
 Your partner for a healthy community.

For: ORSON LEDGER

Location: 547 Brooktondale Rd (1) Marstone Tax Map No.: 1-10-1-6

Permit valid for design flow not in excess of 330 gallons per day (3 bedroom house or equivalent).

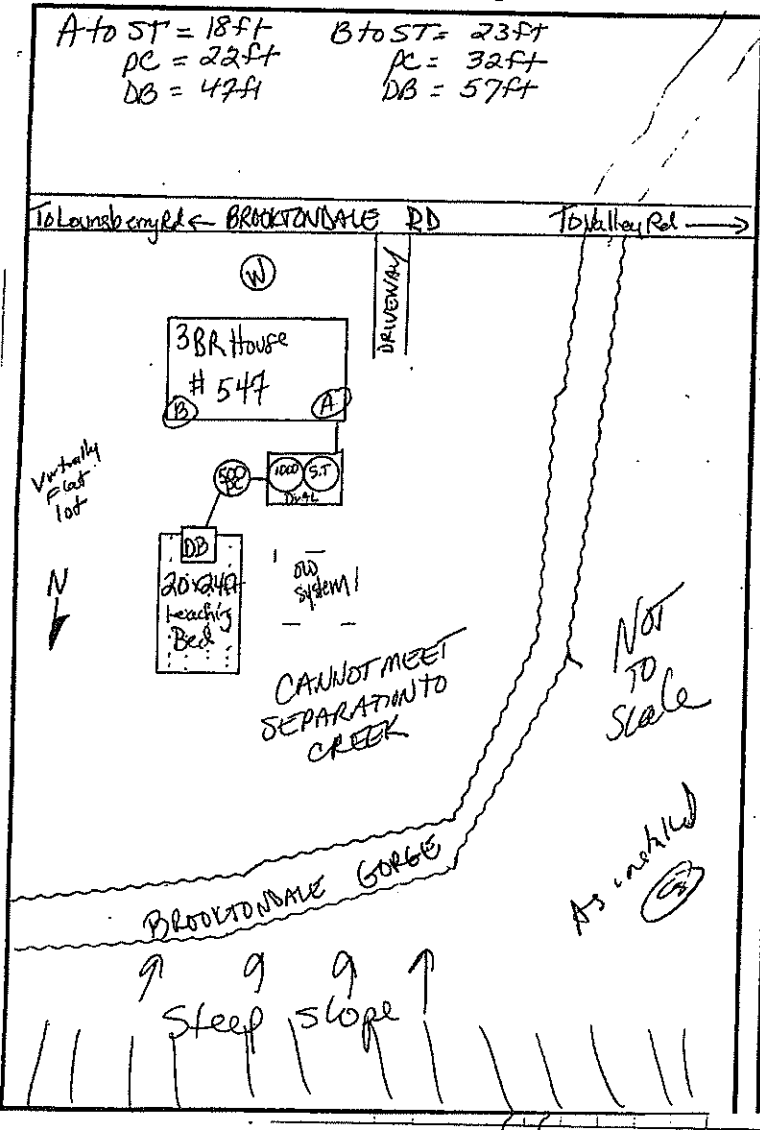
Valid for inclusion of garbage grinder wastes Yes No Toilet volume per flush 1.6 gallons.

In accordance with the provisions of the County Sanitary Code, you are hereby granted permission to construct a sewage treatment system at the above location with the sketch and details shown herein or previously provided.

This permit is valid for two years from date of issue. Permit may be renewed for a period of two more years, or transferred to another person, if application is made prior to expiration.

Inspector [Signature] Date 9/12/03

Inspection Checklist	Yes	No	10/12/03
Proper ST Size	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New 1000 ST Required, 20 pc
DB Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proper Pipe Grades	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trench Depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/2 hp Liberty pump
Stone and Sand Depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In house w/ Risk
Straw Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6-12" Topsoil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not started CS 4/12/04 20 pc
Surface Grading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



TREATMENT SYSTEM
next _____ diameter circle.
 area which can contain a _____ feet diameter circle.
 ent approval.

Notes:

1) Maintain Required Separation Distances-100 ft from well(s) - See attached sheet
2) 100ft separation from creek cannot be met
3) Due to apparent lack of fall at site, system requires pumping.
4) 350 gal pump chamber is required. See attached sheet for details.
5) Conversion to low-flow fixtures required. GPM - Gallons per minute: - 1.6 gal/flush toilets - 3 GPM showerheads - 2 GPM faucets

leg red

Separation from Creek cannot be met

[Signatures]

**TOMPKINS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

401 Harris B. Dates Drive
Ithaca, New York 14850-1385
(607) 274-6688

**APPROVAL OF SEWAGE TREATMENT SYSTEM
CERTIFICATE OF COMPLETION**

Date: April 12, 2004

Owner's Name: Orson R. Ledger

Property Location: 547 Brooktondale Road

(Town) (Village) (City): (T) Caroline

Tax Map Number: 1-10.-1- 6

DESIGN BASIS: Not to exceed 330 gallons* sewage per day. For a
dwelling, this is equivalent to 3 bedrooms.

I hereby certify that the private sewage disposal facilities installed at the above noted premises have been constructed in general conformity with the regulations of the Tompkins County Department of Health and the plans on file in this office, thus fulfilling the requirements of the Tompkins County Sanitary Code.

* 1.6 Gallon Flush Toilets


Signature

To help extend the useful life of your disposal system, the septic tank should be cleaned every 2 to 4 years depending upon the amount of solids such as greases, soap scum, toilet wastes, and other solid materials discharged to the tank. If possible, the sludge and scum depth should be checked every year. When combined depth of sludge and scum equals 1/4 of the total liquid depth, cleaning is necessary. Septic tanks are best cleaned in the spring or summer as they become readjusted more readily in warm weather. Condition of the baffles in the tank should be checked at the time of cleaning.

A list of persons authorized to clean septic tanks in this County may be obtained from the Health Department. It will be to your advantage to insist on a fixed cost for cleaning or at least to obtain a definite maximum estimate before engaging a septic tank cleaner.

Normal use of household detergents and chemicals will not be harmful to your disposal system. Avoid use of so-called septic tank cleaners or conditioners as they have not been shown to be beneficial and they may result in actual harm to the system.

If repairs or replacement of the system become necessary, a new permit from this Department will be required.

(SEE BACK OF PAGE)



disk5
cc.lm

A to ST = 18ft
PC = 22ft
DB = 47ft
B to ST = 23ft
PC = 32ft
DB = 57ft

To Lounsbury Rd ← BROOKTONDALE RD → To Valley Rd

(W)

3BR House
547

(B)

(A)

DRIVEWAY

Virtually
Flat
lot

500

1000 S.T
DUAL

DB
20x40
Leaching
Bed

old
system

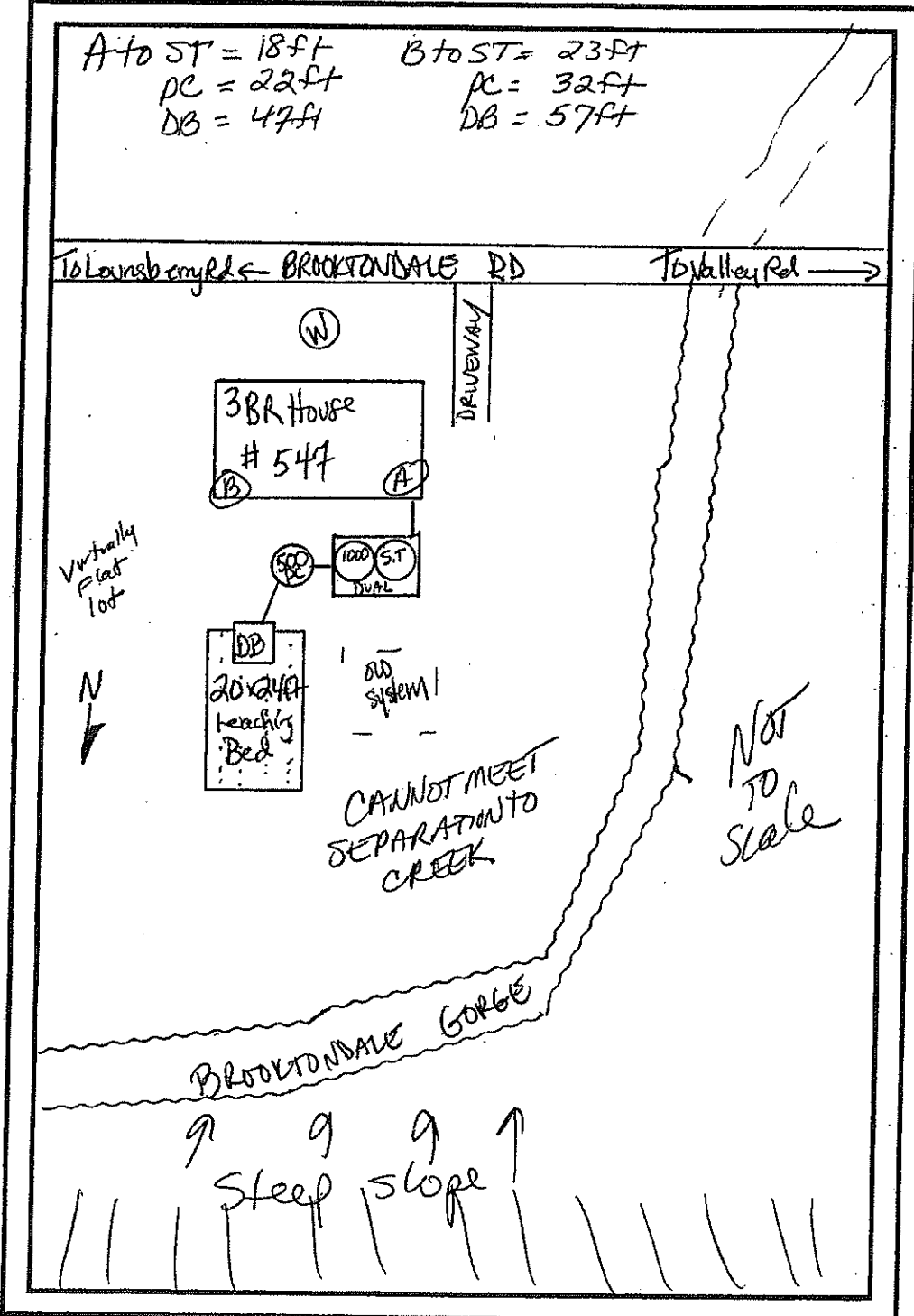
N

CANNOT MEET
SEPARATION TO
CREEK

NOT
TO
Scale

BROOKTONDALE GORGE

Steep slope



SEWAGE TREATMENT SYSTEM CONSTRUCTION PERMIT
TOMPKINS COUNTY HEALTH DEPARTMENT
 401 Harris B. Dates Drive, Ithaca, NY 14850-1386 (607)274-6688 Fax (607)274-6695
 Your partner for a healthy community.

For: ORSON LEDGER

Location: 547 Brooktondale Rd (1) Marline Tax Map No.: 1-10-1-6

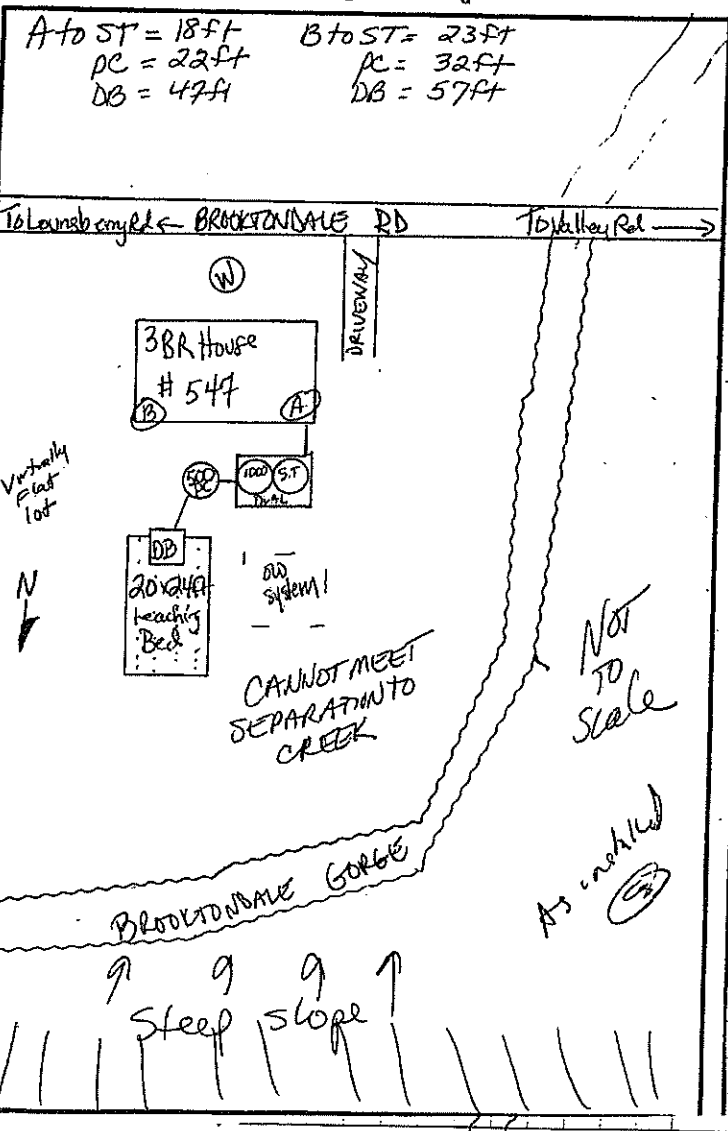
Permit valid for design flow not in excess of 330 gallons per day (3 bedroom house or equivalent).

Valid for inclusion of garbage grinder wastes Yes No Toilet volume per flush 1.6 gallons.

In accordance with the provisions of the County Sanitary Code, you are hereby granted permission to construct a sewage treatment system at the above location with the sketch and details shown herein or previously provided.

This permit is valid for two years from date of issue. Permit may be renewed for a period of two more years, or transferred to another person, if application is made prior to expiration.

Inspector [Signature] Date 9/12/04



Inspection Checklist	Yes	No
Proper ST Size	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DB Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper Pipe Grades	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trench Depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stone and Sand Depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Straw Cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-12" Topsoil	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surface Grading	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes: New 1000 ST required, 500 pc. 1/2 hp Liberty pump in housing w/ risk of pipe.

TREATMENT SYSTEM
 [Signature] diameter circle.
 area which can contain a _____ feet diameter circle.
 ent approval.

Notes:
1) Maintain Required Separation Distances-100 ft from well(s) - See attached sheet
2) 100ft separation from creek cannot be met
3) Due to apparent lack of fall at site, system requires pumping.
4) 350 gal pump chamber is required. See attached sheet for details.
5) Conversion to low-flow fixtures required. GPM - Gallons per minute: - 1.6 gal/flush toilets - 3 GPM showerheads - 2 GPM faucets

Separation from Creek cannot be met

[Handwritten signatures]

TOMPKINS COUNTY DEPARTMENT OF HEALTH

APPROVAL OF SEWAGE DISPOSAL SYSTEM

SUZANNE R. STOPEN, R.N., M.P.S.
Public Health Director

CERTIFICATE OF COMPLETION

Environmental Health Division
401 Harris B. Dales Drive
Ithaca, New York 14850-1388
607-274-6688

Date: 11/13/91
Owner's Name: Katherine M. Lattin
Property Location: 551 Brooktondale Road
(Town) (Village) (City): (TO Caroline
Tax Map Number: 1-10-1-7

DESIGN BASIS: Not to exceed 450 gallons sewage per day. For a dwelling, this is equivalent to 3 bedrooms.

I hereby certify that the private sewage disposal facilities installed at the above noted premise have been constructed in general conformity with the regulations of the Tompkins County Department of Health and the plans on file in this office, thus fulfilling the requirements of the Tompkins County Sanitary Code.



Signature

To help extend the useful life of your disposal system, the septic tank should be cleaned every 2 to 4 years depending upon the amount of solids such as greases, soap scum, toilet wastes, and other solid materials discharged to the tank. If possible, the sludge and scum depth should be checked every year. When combined depth of sludge and scum equal 1/4 of the total liquid depth, cleaning is necessary. Septic tanks are best cleaned in the spring or summer as they become readjusted more readily in warm weather. Condition of the baffles in the tank should be checked at the time of cleaning.

A list of persons authorized to clean septic tanks in this County may be obtained from the Health Department. It will be to your advantage to insist on a fixed cost for cleaning or at least to obtain a definite maximum estimate before engaging a septic tank cleaner.

Normal use of household detergents and chemicals will not be harmful to your disposal system. Avoid use of so-called septic tank cleaners or conditioners as they have not been shown to be beneficial and they may result in actual harm to the system.

If repairs or replacement of the system become necessary, a new permit from this Department will be required.

SEWAGE TREATMENT SYSTEM CONSTRUCTION PERMIT
TOMPKINS COUNTY HEALTH DEPARTMENT
 401 HARRIS B. DATES DRIVE, ITHACA, NY 14850-1386
 (607) 273-7275

FOR: KIM WHETZEL

LOCATION: 551 BROOKTONDALE RD TAX MAP NO. 1-10-1-7

Permit valid for sewage flows not in excess of 450 gallons per day (3 bedroom house or equivalent). Valid for inclusion of garbage grinder wastes YES NO

In accordance with the provisions of the County Sanitary Code, you are hereby granted permission to construct a private sewage treatment system at the above location with the sketch and details shown herein or previously provided.

This permit is not transferable to another person or property.

This permit is valid for one (1) year from date of issuance. If construction is not completed within this period, your permit must be updated by the Health Department.

DATE 11-13-91 INSPECTOR R. EWALD

INSPECTORS COMMENTS

*11-13-91 inspected
 Δ distances inside*

Inspection Checklist

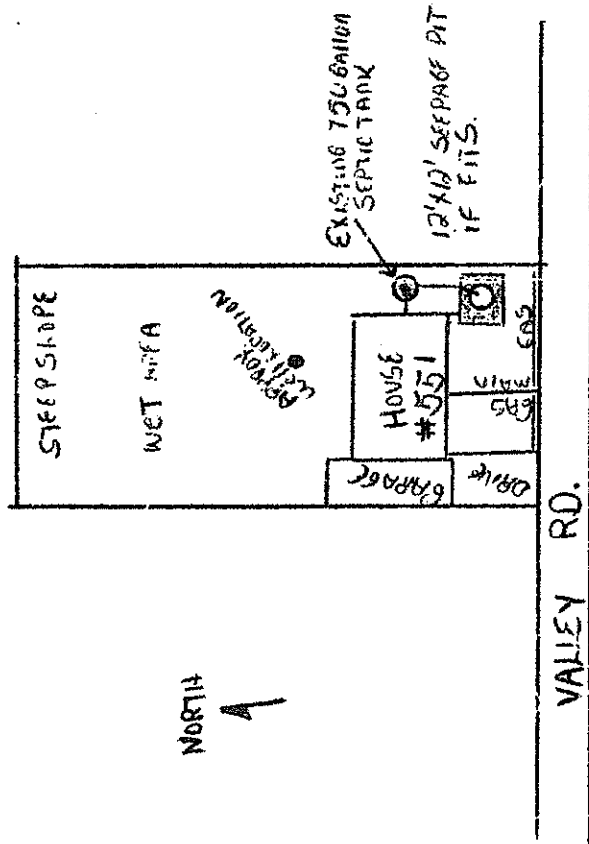
	Yes	No
Proper S.T. size	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D.B. level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proper pipe grades	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trench depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Stone and Sand depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Straw cover	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6" - 12" topsoil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surface grading	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DESIGN FOR SEWAGE TREATMENT SYSTEM

Minimum lot size required for this sewage system is REPLACEMENT usable area which can contain a feet diameter circle. Lot size may not be reduced below this minimum without Health Department approval.

NOT TO SCALE

DUE TO LOT CONSTRAINTS, THE SEWAGE SYSTEM DESIGNED WILL NOT CONFORM WITH CURRENT DESIGN STANDARDS. SEPERATION DISTANCES TO THE WELL AND TO PROPERTY LINES WILL NOT BE MET.



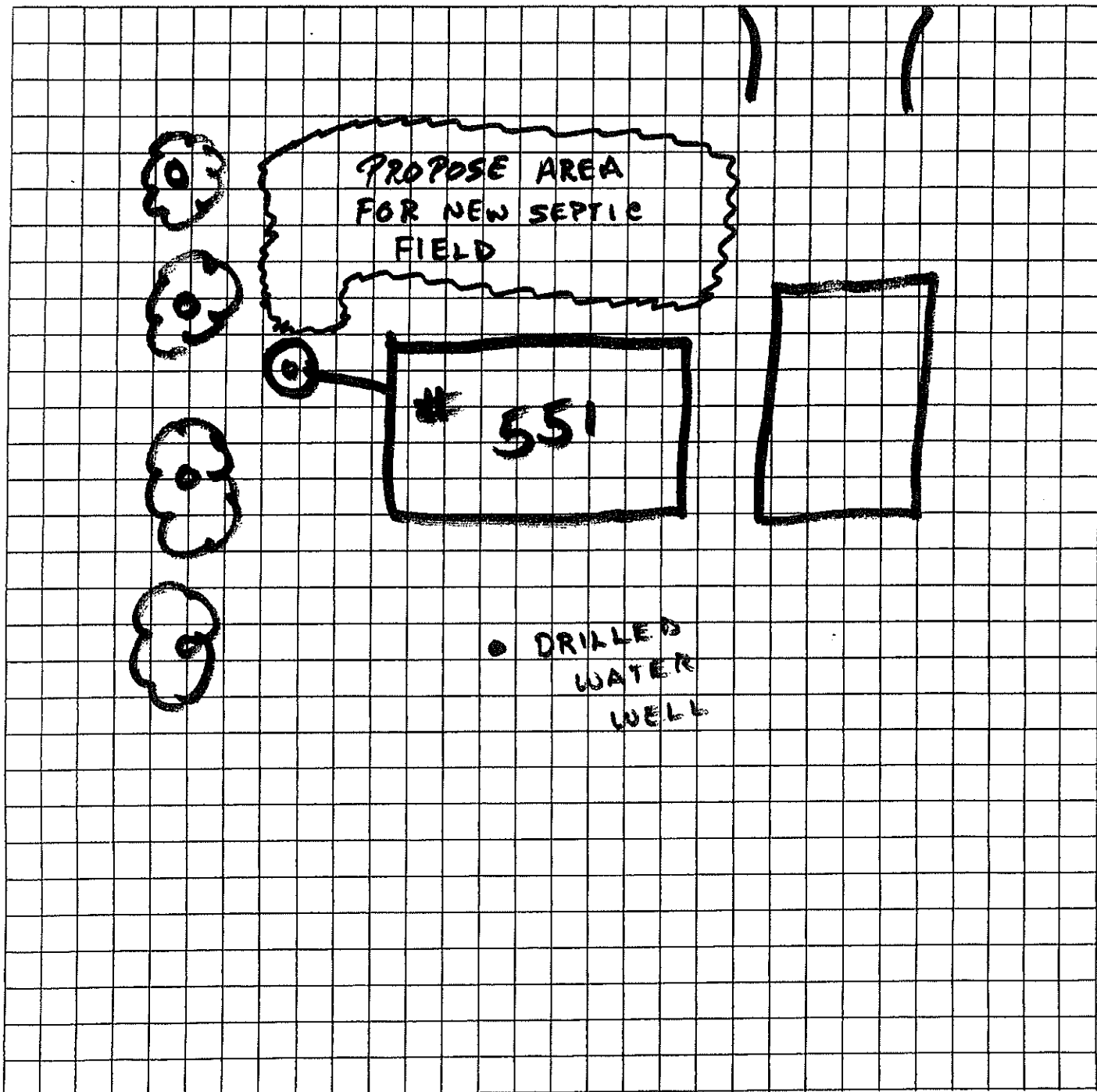
1. If the building is existing, please explain why the permit is being requested (ex., has the present system failed, how has it failed, is the building being converted?)

APPLICANTS MUST COMPLETE SITE PLAN SKETCH

2. Complete site plan and show all important dimensions in feet. Show surrounding roads, direction of slope of land, location of all buildings, driveways, footer and roof drains, streams and ditches, underground utilities, location of water and sewage systems on adjacent lots, and your preference for location of well and sewage system on this lot. Show ALL lot boundaries and indicate length in feet for each.

For Location Purposes Approximate Distances Between The Above Items Must Be Shown

Scale: 1 box = feet



TOMPKINS COUNTY DEPARTMENT OF HEALTH

APPROVAL OF SEWAGE DISPOSAL SYSTEM

SUZANNE R. STOPEN, R.N., M.P.S.
Public Health Director

CERTIFICATE OF COMPLETION

Environmental Health Division
401 Harris B. Dales Drive
Ithaca, New York 14850-1388
607-274-6688

Date: 11/13/91
Owner's Name: Katherine M. Lattin
Property Location: 551 Brooktondale Road
(Town) (Village) (City): (TO Caroline
Tax Map Number: 1-10-1-7

DESIGN BASIS: Not to exceed 450 gallons sewage per day. For a dwelling, this is equivalent to 3 bedrooms.

I hereby certify that the private sewage disposal facilities installed at the above noted premise have been constructed in general conformity with the regulations of the Tompkins County Department of Health and the plans on file in this office, thus fulfilling the requirements of the Tompkins County Sanitary Code.


Signature

To help extend the useful life of your disposal system, the septic tank should be cleaned every 2 to 4 years depending upon the amount of solids such as greases, soap scum, toilet wastes, and other solid materials discharged to the tank. If possible, the sludge and scum depth should be checked every year. When combined depth of sludge and scum equal $\frac{1}{4}$ of the total liquid depth, cleaning is necessary. Septic tanks are best cleaned in the spring or summer as they become readjusted more readily in warm weather. Condition of the baffles in the tank should be checked at the time of cleaning.

A list of persons authorized to clean septic tanks in this County may be obtained from the Health Department. It will be to your advantage to insist on a fixed cost for cleaning or at least to obtain a definite maximum estimate before engaging a septic tank cleaner.

Normal use of household detergents and chemicals will not be harmful to your disposal system. Avoid use of so-called septic tank cleaners or conditioners as they have not been shown to be beneficial and they may result in actual harm to the system.

If repairs or replacement of the system become necessary, a new permit from this Department will be required.

SEWAGE TREATMENT SYSTEM CONSTRUCTION PERMIT
TOMPKINS COUNTY HEALTH DEPARTMENT
401 HARRIS B. DATES DRIVE, ITHACA, NY 14850-1386
(607) 273-7275

FOR: KIM WHEZZEL

LOCATION: 551 BROOKTONDALE RD TAX MAP NO. 1-10-1-7

Permit valid for sewage flows not in excess of 450 gallons per day (3 bedroom house or equivalent). Valid for inclusion of garbage grinder wastes YES NO

In accordance with the provisions of the County Sanitary Code, you are hereby granted permission to construct a private sewage treatment system at the above location with the sketch and details shown herein or previously provided.

This permit is not transferable to another person or property.

This permit is valid for one (1) year from date of issuance. If construction is not completed within this period, your permit must be updated by the Health Department.

DATE 11-13-91 INSPECTOR REWARD

INSPECTORS COMMENTS

*11-13-91 inspected
 Δ distances inside*

Inspection Checklist

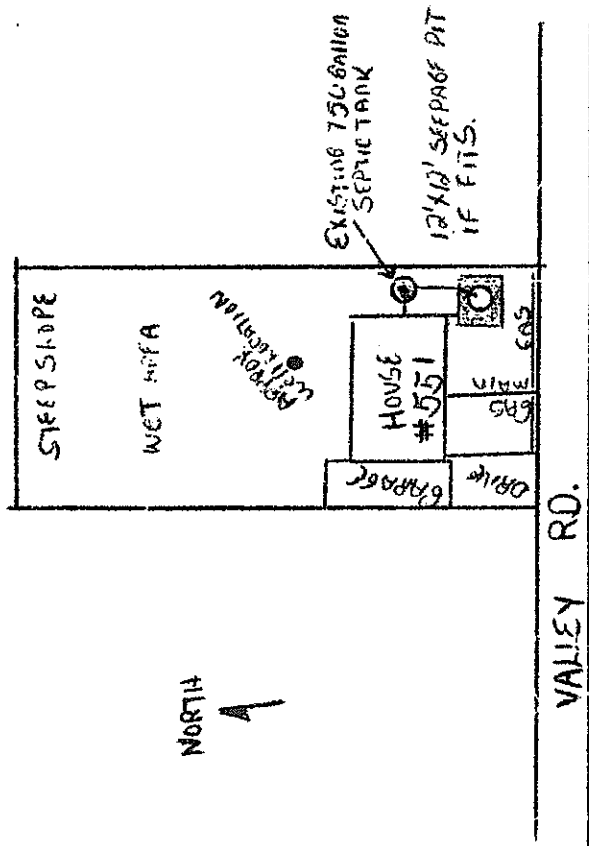
	Yes	No
Proper S.T. size	<u>750 GAL</u>	
D.B. level	<u>NA</u>	
Proper pipe grades	<input checked="" type="checkbox"/>	
Trench depth	<input checked="" type="checkbox"/>	
Stone and Sand depth	<input checked="" type="checkbox"/>	
Straw cover	<input checked="" type="checkbox"/>	
6" - 12" topsoil		
Surface grading		

DESIGN FOR SEWAGE TREATMENT SYSTEM

Minimum lot size required for this sewage system is REPLACEMENT usable area which can contain a feet diameter circle. Lot size may not be reduced below this minimum without Health Department approval.

NOT TO SCALE

DUE TO LOT CONSTRAINTS, THE SEWAGE SYSTEM DESIGNED WILL NOT CONFORM WITH CURRENT DESIGN STANDARDS. SEPERATION DISTANCES TO THE WELL AND TO PROPERTY LINES WILL NOT BE MET.



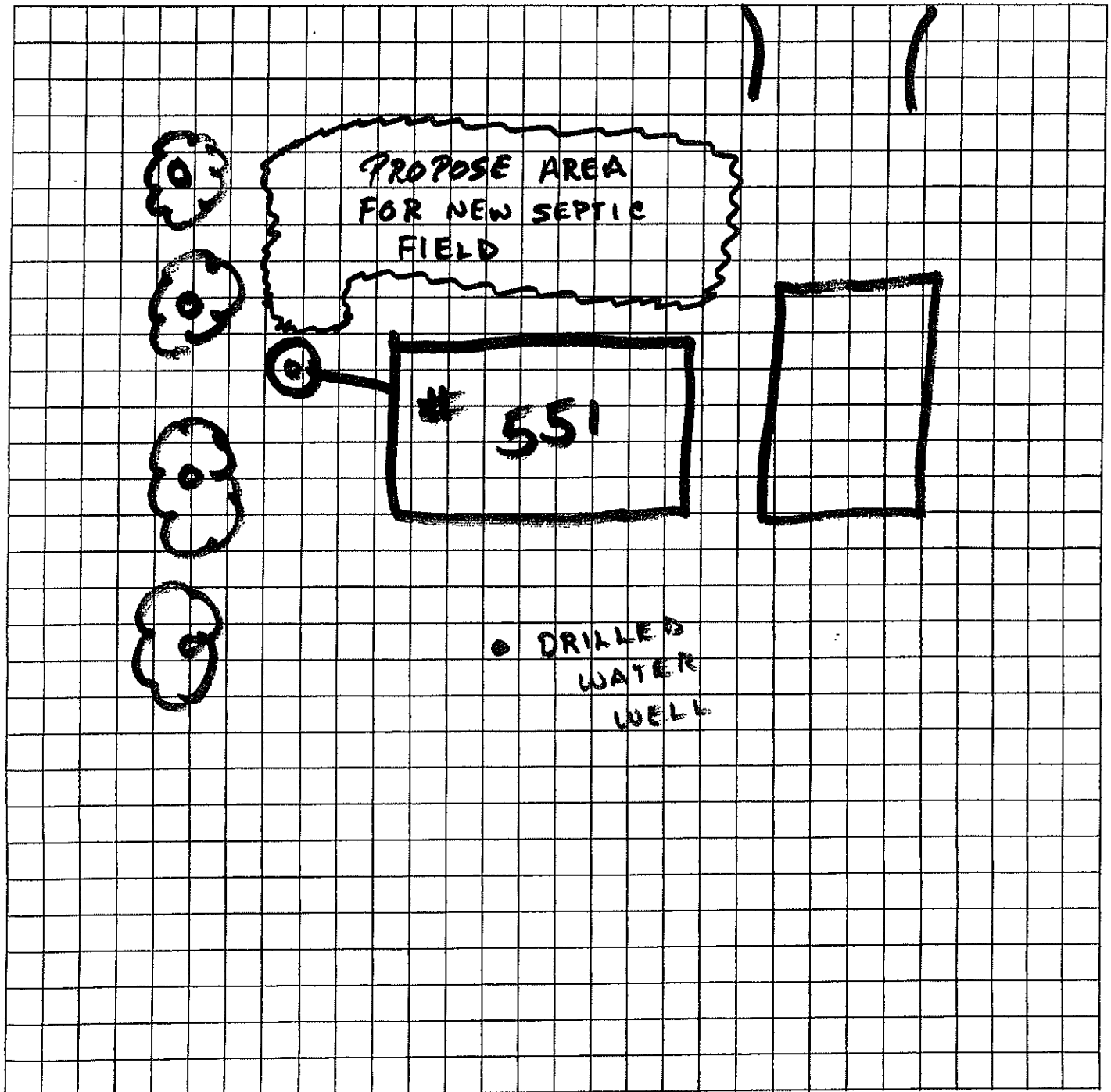
1. If the building is existing, please explain why the permit is being requested (ex., has the present system failed, how has it failed, is the building being converted?)

APPLICANTS MUST COMPLETE SITE PLAN SKETCH

2. Complete site plan and show all important dimensions in feet. Show surrounding roads, direction of slope of land, location of all buildings, driveways, footer and roof drains, streams and ditches, underground utilities, location of water and sewage systems on adjacent lots, and your preference for location of well and sewage system on this lot. Show ALL lot boundaries and indicate length in feet for each.

For Location Purposes Approximate Distances Between The Above Items Must Be Shown

Scale: 1 box = feet



CP *RDC* *9/18/63* *ES* *A* File *1-15-1-22*
 Inspector Date Checked by Recorded *SSW-19*

OP *RDC* *9/63* *ES* *deh* *Caroline*
 Inspector Date Checked by Recorded T

NCN 1-2-3 Inspector Date Checked by Recorded Subdiv., Camp, Inst., School, Etc.

TOMPKINS COUNTY DEPARTMENT OF HEALTH
 1285 TRUMANSBURG ROAD, ITHACA, N. Y.
 APPLICATION FOR SEWAGE DISPOSAL PERMIT

To the Commissioner of Health:

Application is hereby made for a Construction Permit to install a private sewage disposal system to serve the hereinafter described property, concerning which the following information is submitted:

Owner *Lloyd Robinson* Phone _____
 Mailing Address *White Church Rd*
 Property Location _____
 Contractor *Attach this copy to other sheet* Phone or Address _____

Use of Building _____; Existing or New _____
 No. Bed Rooms _____; No. Occupants _____; Lot Size _____
 Garbage Grinder _____; Basement Fixtures (including laundry) _____
 Yes or No
 VA or FHA Financing _____; Bank _____
 Indicate
 Water Supply: Existing _____; Proposed _____; Well _____; Spring _____; Public _____
 Date *9/18/63* Signature *see other sheet*

APPLICANT — DO NOT WRITE BELOW THIS LINE

Water Supply (describe) _____
 Distance to Septic Tank _____ ft.; To Disposal Area _____ ft.
 Type Soil _____
 Depth to Ground Water _____ ft.; To Rock _____ ft.

Soil Tests

Hole No.	Depth Inches	Minutes		
		1st Inch	2nd Inch	3rd Inch
<i>1</i>	<i>48</i>	<i>5</i>	<i>5</i>	<i>12</i>

Weather *Dry*

Design Rate *1.48* Gal. / S.F.; Sewage Flow _____ Gal. per Day
 Approved for Sub-surface Disposal *yes* Yes or No; For Fill _____; For Sand Filter _____
 Disapproved _____
 Inspector *Churchill* Date *9/18/63*

SKETCH AND SPECIFICATIONS

BUILDING SEWER

4" cast iron, leaded joints, minimum grade 1/4" per foot. Minimum distance to well, 25 feet.

SEPTIC TANK

Water tight concrete, cinder block or Com. Std. metal, UL approved; Capacity 500-1000 gals.; Minimum distance from house 10 feet; from water supply, 50 feet.

SEWER FROM TANK TO DISPOSAL AREA

4" B. & S. clay tile, Orangeburg or equivalent; Tight joints; Minimum grade 1/8" per foot.

DISTRIBUTION BOX

No. outlets 2; Outlets all same level and 4" from bottom; Inlet at least 1" above outlets.

FILL

Length 17 ft.; Width 17 ft.; Depth 17 ft.; Use porous fill; Do not use heavy clay soil. Extend fill 17 in all directions beyond tile lines. Fill must be inspected and allowed to settle 45 days before trenching. Do not strip top soil within 50 feet of fill. See attached specifications.

TILE FIELD

4" farm tile or perforated pipe; Total ft. 17; No. laterals 1; Length per lateral 17 ft.; Grade not more than 1/16" per ft.; Trench width 12 inches; Dept 12 inches; Minimum distance from water supply 50 ft.; Minimum distance between center of trenches 17 ft.; Use 6" to 8" of No. 1, 2 or 3 washed gravel under tile and 2" above tile; Lay building paper or straw over gravel before replacing earth; if farm tile used, leave 1/4" open joints and cover upper 2/3 of joint with tar paper strip; Do not strip soil, nor work when wet nor run heavy equipment over tile field area.

LEACHING PIT

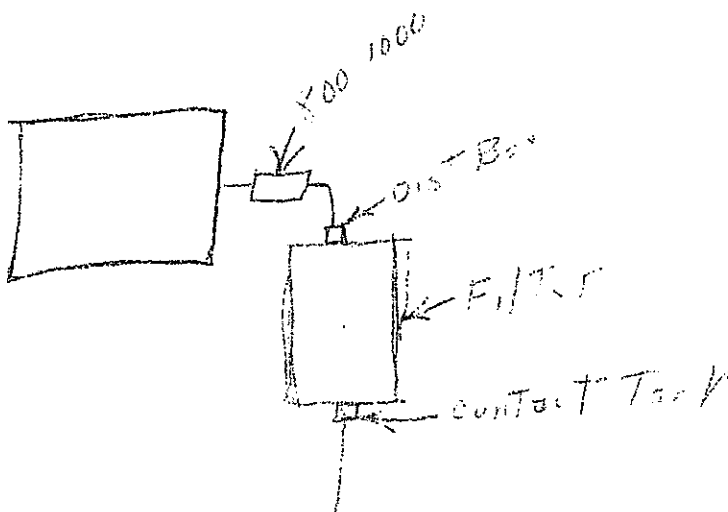
Minimum distance from water supply 50 ft.; Size inside (length 12 ft., width or diameter 12 ft., depth below inlet 12 ft.); Walls of cinder block or equivalent with openings facing out; Use 4" No. 2 or 3 gravel around walls; Use concrete cover.

SAND FILTER

Length 43 ft.; Width 12 ft.; Depth sand 24 inches; Source of sand White Limestone pits; Chlorination chamber 50 gallons with sanitary "T" inlet; Must be inspected before and after placing sand. See attached specifications.

REMARKS

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FOR ADDITIONAL DETAILS SEE BULLETIN NO. 1 — SAVE FOR FUTURE REFERENCE

White Limestone pits

CP *RDC* Inspector *5/28/63* Date *J* Checked by *N* Recorded File *SSW-6*

OP Inspector Date Checked by Recorded *Caroline* T

NCN 1-2-3 Inspector Date Checked by Recorded Subdiv., Camp, Inst., School, Etc.

TOMPKINS COUNTY DEPARTMENT OF HEALTH
1285 TRUMANSBURG ROAD, ITHACA, N. Y.

APPLICATION FOR SEWAGE DISPOSAL PERMIT

To the Commissioner of Health:

Application is hereby made for a Construction Permit to install a private sewage disposal system to serve the hereinafter described property, concerning which the following information is submitted:

Owner *Lloyd J. Robinson* Phone

Mailing Address *R.D. 2, Ithaca, N.Y.*

Property Location *The Old Nazarene Church*

Contractor Phone or Address

Use of Building *2 apt.*; Existing or ~~New~~

No. Bed Rooms *2 - 2 Br Rooms*; No. Occupants; Lot Size *3/4*

Garbage Grinder; Basement Fixtures (including laundry)

VA or FHA Financing; Bank *COMV. Dryden Bank*

Water Supply: Existing; Proposed; Well *Drill*; Spring; Public

Date *5-28-63* Signature *Lloyd J. Robinson*

APPLICANT — DO NOT WRITE BELOW THIS LINE

Water Supply (describe)

Distance to Septic Tank ft.; To Disposal Area ft.

Type Soil

Depth to Ground Water ft.; To Rock ft.

Soil Tests

Hole No.	Depth Inches	Minutes		
		1st Inch	2nd Inch	3rd Inch
<i>1</i>	<i>48</i>	<i>10" water in bottom</i>		
<i>2</i>	<i>24</i>	<i>no drop in 45 min</i>		
<i>3</i>	<i>24</i>	<i>4" drop in 17 min</i>		
<i>4</i>	<i>48</i>	<i>18" drop in 55 min</i>		

Weather

Design Rate Gal./S.F.; Sewage Flow *600* Gal. per Day

Approved for Sub-surface Disposal *no*; For Fill *no*; For Sand Filter *yes*

Disapproved

Churchill Inspector Date

SKETCH AND SPECIFICATIONS

BUILDING SEWER

4" cast iron, leaded joints, minimum grade 1/4" per foot. Minimum distance to well, 25 feet.

SEPTIC TANK

Water tight concrete, cinder block or Com. Std. metal, UL approved; Capacity 750+ gals.; Minimum distance from house 10 feet; from water supply, 50 feet.

SEWER FROM TANK TO DISPOSAL AREA

4" B. & S. clay tile, Orangeburg or equivalent; Tight joints; Minimum grade 1/8" per foot.

DISTRIBUTION BOX

No. outlets ~~.....~~; Outlets all same level and 4" from bottom; Inlet at least 1" above outlets.

FILL

Length ft.; Width ft.; Depth ft.; Use porous fill; Do not use heavy clay soil. Extend fill ft. in all directions beyond tile lines. Fill must be inspected and allowed to settle 45 days before trenching. Do not strip top soil within 50 feet of fill. See attached specifications.

TILE FIELD

4" farm tile or perforated pipe; Total ft.; No. laterals; Length per lateral ft.; Grade not more than 1/16" per ft.; Trench width inches; Dept inches; Minimum distance from water supply ft.; Minimum distance between center of trenches ft.; Use 6" to 8" of No. 1, 2 or 3 washed gravel under tile and 2" above tile; Lay building paper or straw over gravel before replacing earth; if farm tile used, leave 1/4" open joints and cover upper 2/3 of joint with tar paper strip; Do not strip soil, nor work when wet nor run heavy equipment over tile field area.

LEACHING PIT

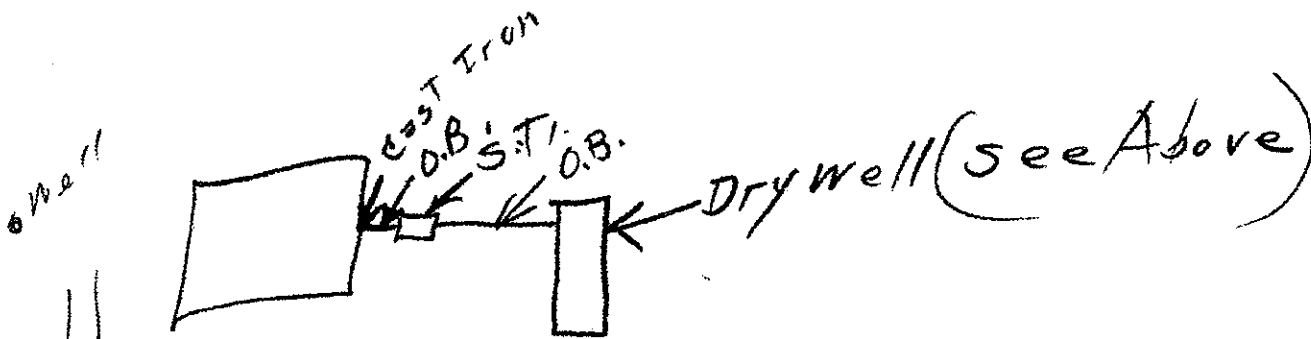
Minimum distance from water supply 100 ft.; Size inside (length 16 ft., width or diameter 5 ft., depth below inlet 4 ft.); Walls of cinder block or equivalent with openings facing out; Use 4" No. 2 or 3 gravel around walls; Use concrete cover.

SAND FILTER

Length ft.; Width ft.; Depth sand ft.; Source of sand; Chlorination chamber 50 gallons with sanitary "T" inlet; Must be inspected before and after placing sand. See attached specifications.

REMARKS

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CP RPC 9/18/63 RS A File 1-15-1-22
 Inspector Date Checked by Recorded SSW-6

OP RPC 9/63 RS den Caroline
 Inspector Date Checked by Recorded T

NCN _____
 1-2-3 Inspector Date Checked by Recorded Subdiv., Camp, Inst., School, Etc.

TOMPKINS COUNTY DEPARTMENT OF HEALTH
 1285 TRUMANSBURG ROAD, ITHACA, N. Y.

APPLICATION FOR SEWAGE DISPOSAL PERMIT

To the Commissioner of Health:

Application is hereby made for a Construction Permit to install a private sewage disposal system to serve the hereinafter described property, concerning which the following information is submitted:

Owner Lloyd Robinson Phone _____

Mailing Address White Church Rd

Property Location _____

Contractor Attach this copy to other sheet Phone or Address _____

Use of Building _____; Existing or New _____

No. Bed Rooms _____; No. Occupants _____; Lot Size _____

Garbage Grinder _____; Basement Fixtures (including laundry) _____
 Yes or No

VA or FHA Financing _____; Bank _____
 Indicate

Water Supply: Existing _____; Proposed _____; Well _____; Spring _____; Public _____

Date 9/18/63 Signature see other sheet

APPLICANT — DO NOT WRITE BELOW THIS LINE

Water Supply (describe) _____

Distance to Septic Tank _____ ft.; To Disposal Area _____ ft.

Type Soil _____

Depth to Ground Water _____ ft.; To Rock _____ ft.

Soil Tests

Hole No.	Depth Inches	Minutes		
		1st Inch	2nd Inch	3rd Inch
1	48	5	5	12

Weather Dry

Design Rate 1.48 Gal. / S.F.; Sewage Flow _____ Gal. per Day

Approved for Sub-surface Disposal yes; For Fill _____; For Sand Filter _____
 Yes or No

Disapproved _____
 Inspector Churchill Date 9/18/63

SKETCH AND SPECIFICATIONS

BUILDING SEWER 4" cast iron, leaded joints, minimum grade 1/4" per foot. Minimum distance to well, 25 feet.

SEPTIC TANK Water tight concrete, cinder block or Com. Std. metal, UL approved; Capacity 500-1000 gals.; Minimum distance from house 10 feet; from water supply, 50 feet.

SEWER FROM TANK TO DISPOSAL AREA 4" B. & S. clay tile, Orangeburg or equivalent; Tight joints; Minimum grade 1/8" per foot.

DISTRIBUTION BOX No. outlets 3; Outlets all same level and 4" from bottom; Inlet at least 1" above outlets.

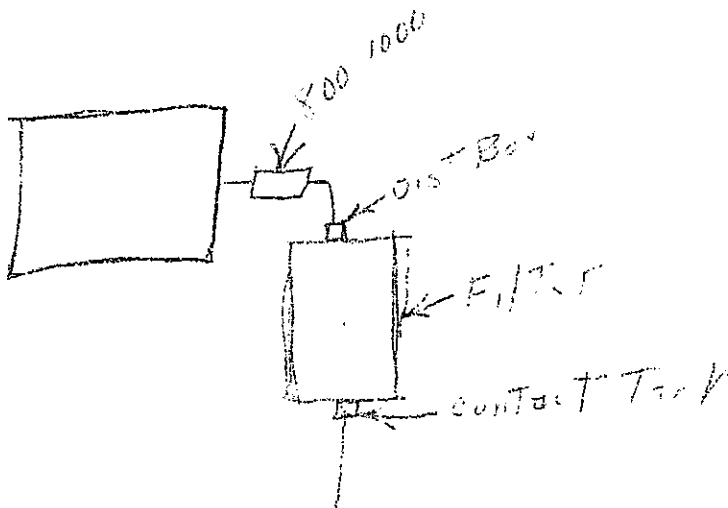
FILL Length ft.; Width ft.; Depth ft.; Use porous fill; Do not use heavy clay soil. Extend fill 10 ft in all directions beyond tile lines. Fill must be inspected and allowed to settle 45 days before trenching. Do not strip top soil within 50 feet of fill. See attached specifications.

TILE FIELD 4" farm tile or perforated pipe; Total ft.; No. laterals; Length per lateral ft.; Grade not more than 1/16" per ft.; Trench width inches; Dept inches; Minimum distance from water supply ft.; Minimum distance between center of trenches ft.; Use 6" to 8" of No. 1, 2 or 3 washed gravel under tile and 2" above tile; Lay building paper or straw over gravel before replacing earth; if farm tile used, leave 1/4" open joints and cover upper 2/3 of joint with tar paper strip; Do not strip soil, nor work when wet nor run heavy equipment over tile field area.

LEACHING PIT Minimum distance from water supply ft.; Size inside (length ft., width or diameter ft., depth below inlet ft.); Walls of cinder block or equivalent with openings facing out; Use 4" No. 2 or 3 gravel around walls; Use concrete cover.

SAND FILTER Length 43 ft.; Width 12 ft.; Depth sand 24 inches; Source of sand; Chlorination chamber 50 gallons with sanitary "T" inlet; Must be inspected before and after placing sand. See attached specifications.

REMARKS



White Lumber Co.

CP *RDC* Inspector *5/28/63* Date *J* Checked by *N* Recorded File *SSW-6*

OP Inspector Date Checked by Recorded *Caroline* *[Signature]*

NCN 1-2-3 Inspector Date Checked by Recorded Subdiv., Camp, Inst., School, Etc.

TOMPKINS COUNTY DEPARTMENT OF HEALTH
1285 TRUMANSBURG ROAD, ITHACA, N. Y.

APPLICATION FOR SEWAGE DISPOSAL PERMIT

To the Commissioner of Health:

Application is hereby made for a Construction Permit to install a private sewage disposal system to serve the hereinafter described property, concerning which the following information is submitted:

Owner *Lloyd J. Robinson* Phone

Mailing Address *R.D. 2, Ithaca, N.Y.*

Property Location *The Old Nazarene Church*

Contractor Phone or Address

Use of Building *2 apt.*; Existing or New

No. Bed Rooms *2 - 2 Br/Rooms*; No. Occupants; Lot Size *3/4*

Garbage Grinder; Basement Fixtures (including laundry)

VA or FHA Financing; Bank *COMV. Dryden Bank*

Water Supply: Existing; Proposed; Well *Dryden*; Spring; Public

Date *5-28-63* Signature *Lloyd J. Robinson*

APPLICANT - DO NOT WRITE BELOW THIS LINE

Water Supply (describe)
Distance to Septic Tank ft.; To Disposal Area ft.
Type Soil
Depth to Ground Water ft.; To Rock ft.

Soil Tests

Hole No.	Depth Inches	Minutes		
		1st Inch	2nd Inch	3rd Inch
<i>1</i>	<i>48</i>	<i>10" water on bottom</i>		
<i>2</i>	<i>24</i>	<i>no drop in 45 min</i>		
<i>3</i>	<i>24</i>	<i>4" drop in 17 min</i>		
<i>4</i>	<i>48</i>	<i>18" drop in 55 min</i>		

Weather

Design Rate Gal./S.F.; Sewage Flow *600* Gal. per Day

Approved for Sub-surface Disposal *no*; For Fill *no*; For Sand Filter *yes*

Disapproved

Chesell Inspector Date

SKETCH AND SPECIFICATIONS

BUILDING SEWER 4" cast iron, leaded joints, minimum grade 1/4" per foot. Minimum distance to well, 25 feet.

SEPTIC TANK Water tight concrete, cinder block or Com. Std. metal, UL approved; Capacity **750+** gals.; Minimum distance from house **10** feet; from water supply, 50 feet.

SEWER FROM TANK TO DISPOSAL AREA 4" B. & S. clay tile, Orangeburg or equivalent; Tight joints; Minimum grade 1/8" per foot.

DISTRIBUTION BOX No. outlets ~~.....~~; Outlets all same level and 4" from bottom; Inlet at least 1" above outlets.

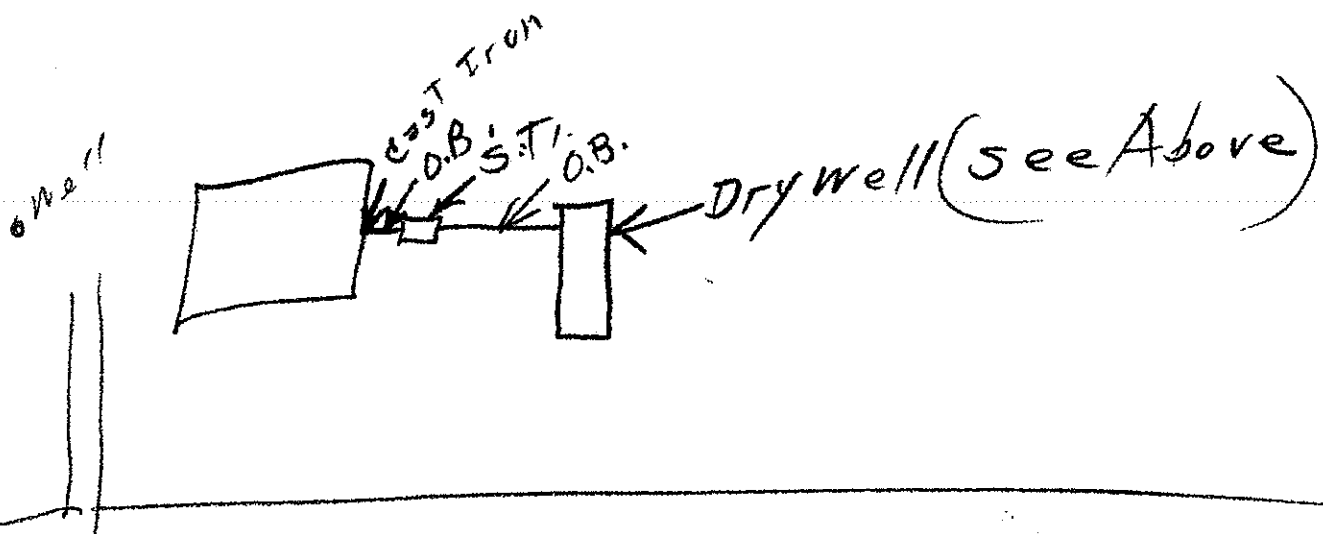
FILL Length ft.; Width ft.; Depth ft.; Use porous fill; Do not use heavy clay soil. Extend fill ft. in all directions beyond tile lines. Fill must be inspected and allowed to settle 45 days before trenching. Do not strip top soil within 50 feet of fill. See attached specifications.

TILE FIELD 4" farm tile or perforated pipe; Total ft.; No. laterals; Length per lateral ft.; Grade not more than 1/16" per ft.; Trench width inches; Dept inches; Minimum distance from water supply ft.; Minimum distance between center of trenches ft.; Use 6" to 8" of No. 1, 2 or 3 washed gravel under tile and 2" above tile; Lay building paper or straw over gravel before replacing earth; if farm tile used, leave 1/4" open joints and cover upper 2/3 of joint with tar paper strip; Do not strip soil, nor work when wet nor run heavy equipment over tile field area.

LEACHING PIT Minimum distance from water supply **100** ft.; Size inside (length **16** ft., width or diameter **5** ft., depth below inlet **4** ft.); Walls of cinder block or equivalent with openings facing out; Use 4" No. 2 or 3 gravel around walls; Use concrete cover.

SAND FILTER Length ft.; Width ft.; Depth sand ft.; Source of sand; Chlorination chamber 50 gallons with sanitary "T" inlet; Must be inspected before and after placing sand. See attached specifications.

REMARKS



SKETCH AND SPECIFICATIONS

BUILDING SEWER 4" cast iron, leaded joints, minimum grade 1/4" per foot. Minimum distance to well, 25 feet.

SEPTIC TANK Water tight concrete, cinder block or Com. Std. metal, UL approved; Capacity 500-1000 gals.; Minimum distance from house 10 feet; from water supply, 50 feet.

SEWER FROM TANK TO DISPOSAL AREA 4" B. & S. clay tile, Orangeburg or equivalent; Tight joints; Minimum grade 1/8" per foot.

DISTRIBUTION BOX No. outlets 2; Outlets all same level and 4" from bottom; Inlet at least 1" above outlets.

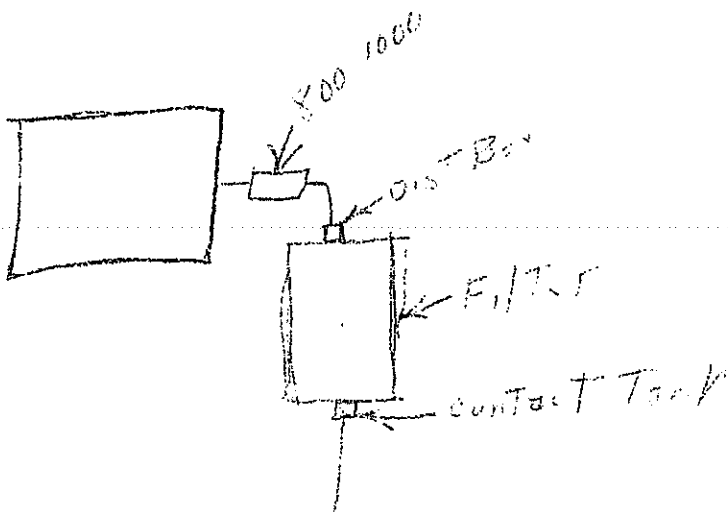
FILL Length 10 ft.; Width 10 ft.; Depth 10 ft.; Use porous fill; Do not use heavy clay soil. Extend fill 10 ft. in all directions beyond tile lines. Fill must be inspected and allowed to settle 45 days before trenching. Do not strip top soil within 50 feet of fill. See attached specifications.

TILE FIELD 4" farm tile or perforated pipe; Total ft. 100; No. laterals 10; Length per lateral 10 ft.; Grade not more than 1/16" per ft.; Trench width 12 inches; Dept 12 inches; Minimum distance from water supply 10 ft.; Minimum distance between center of trenches 10 ft.; Use 6" to 8" of No. 1, 2 or 3 washed gravel under tile and 2" above tile; Lay building paper or straw over gravel before replacing earth; if farm tile used, leave 1/4" open joints and cover upper 2/3 of joint with tar paper strip; Do not strip soil, nor work when wet nor run heavy equipment over tile field area.

LEACHING PIT Minimum distance from water supply 10 ft.; Size inside (length 10 ft., width or diameter 10 ft., depth below inlet 10 ft.); Walls of cinder block or equivalent with openings facing out; Use 4" No. 2 or 3 gravel around walls; Use concrete cover.

SAND FILTER Length 43 ft.; Width 12 ft.; Depth sand 34 inches; Source of sand W. H. L. ...; Chlorination chamber 50 gallons with sanitary "T" inlet; Must be inspected before and after placing sand. See attached specifications.

REMARKS _____



W. H. L. ...

1-15-1-22
SSW-17

CP *RDC* 9/18/63 *JS* *A* File

OP *RDC* 9/63 *JS* *ack* *Caroline*

NCN 1-2-3 Inspector Date Checked by Recorded Subdiv., Camp, Inst., School, Etc.

TOMPKINS COUNTY DEPARTMENT OF HEALTH
1285 TRUMANSBURG ROAD, ITHACA, N. Y.

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Owner *loyd Robinson* Phone

Mailing Address *White Church Rd*

Property Location

Contractor *Attach this copy to other sheet* Phone or Address

Use of Building ; Existing or New

No. Bed Rooms ; No. Occupants ; Lot Size

Garbage Grinder ; Basement Fixtures (including laundry) Yes or No

VA or FHA Financing ; Bank Indicate

Water Supply: Existing ; Proposed ; Well ; Spring ; Public

Date *9/18/63* Signature *see other sheet*

APPLICANT — DO NOT WRITE BELOW THIS LINE

Water Supply (describe)

Distance to Septic Tank ft.; To Disposal Area ft.

Type Soil

Depth to Ground Water ft.; To Rock ft.

Soil Tests

Hole No.	Depth Inches	Minutes		
		1st Inch	2nd Inch	3rd Inch
<i>1</i>	<i>48</i>	<i>5</i>	<i>5</i>	<i>12</i>

Weather *Dry*

Design Rate *1.48* Gal. / S.F.; Sewage Flow Gal. per Day

Approved for Sub-surface Disposal *yes* ; For Fill ; For Sand Filter Yes or No

Disapproved

Churchill 9/18/63
Inspector Date

CP *RDC* Inspector *5/28/63* Date *J* Checked by *N* Recorded File *SSW-6*

OP Inspector Date Checked by Recorded *Caroline* *[Signature]*

NCN 1-2-3 Inspector Date Checked by Recorded Subdiv., Camp, Inst., School, Etc.

TOMPKINS COUNTY DEPARTMENT OF HEALTH
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Owner *Lloyd J. Robinson* Phone

Mailing Address *R.D. 2, Ithaca, N.Y.*

Property Location *The Old Nazarene Church*

Contractor Phone or Address

Use of Building *2 apt.*; Existing or New

No. Bed Rooms *2 - 2 Br/Rooms*; No. Occupants; Lot Size *3/4*

Garbage Grinder; Basement Fixtures (including laundry)

VA or FHA Financing; Bank *COMV DEXDEN BANK*

Water Supply: Existing; Proposed; Well *Drill*; Spring; Public

Date *5-28-63* Signature *Lloyd J. Robinson*

APPLICANT — DO NOT WRITE BELOW THIS LINE

Water Supply (describe)

Distance to Septic Tank ft.; To Disposal Area ft.

Type Soil

Depth to Ground Water ft.; To Rock ft.

Soil Tests

Hole No.	Depth Inches	Minutes		
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<i>2</i>	<i>24</i>	<i>no drop in 45 min</i>		
<i>3</i>	<i>24</i>	<i>4" drop 117 min</i>		
<i>4</i>	<i>48</i>	<i>18" drop in 55 min</i>		

Weather

Design Rate Gal./S.F.; Sewage Flow *600* Gal. per Day

Approved for Sub-surface Disposal *no*; For Fill *no*; For Sand Filter *yes*

Disapproved

Churchill Inspector Date

SKETCH AND SPECIFICATIONS

BUILDING SEWER

4" cast iron, leaded joints, minimum grade 1/4" per foot. Minimum distance to well, 25 feet.

SEPTIC TANK

Water tight concrete, cinder block or Com. Std. metal, UL approved; Capacity 750+ gals.; Minimum distance from house 10 feet; from water supply, 50 feet.

SEWER FROM TANK TO DISPOSAL AREA

4" B. & S. clay tile, Orangeburg or equivalent; Tight joints; Minimum grade 1/8" per foot.

DISTRIBUTION BOX

No. outlets ~~.....~~; Outlets all same level and 4" from bottom; Inlet at least 1" above outlets.

FILL

Length ft.; Width ft.; Depth ft.; Use porous fill; Do not use heavy clay soil. Extend fill ft. in all directions beyond tile lines. Fill must be inspected and allowed to settle 45 days before trenching. Do not strip top soil within 50 feet of fill. See attached specifications.

TILE FIELD

4" farm tile or perforated pipe; Total ft.; No. laterals; Length per lateral ft.; Grade not more than 1/16" per ft.; Trench width inches; Dept inches; Minimum distance from water supply ft.; Minimum distance between center of trenches ft.; Use 6" to 8" of No. 1, 2 or 3 washed gravel under tile and 2" above tile; Lay building paper or straw over gravel before replacing earth; if farm tile used, leave 1/4" open joints and cover upper 2/3 of joint with tar paper strip; Do not strip soil, nor work when wet nor run heavy equipment over tile field area.

LEACHING PIT

Minimum distance from water supply 100 ft.; Size inside (length 16 ft., width or diameter 5 ft., depth below inlet 4 ft.); Walls of cinder block or equivalent with openings facing out; Use 4" No. 2 or 3 gravel around walls; Use concrete cover.

SAND FILTER

Length ft.; Width ft.; Depth sand ft.; Source of sand; Chlorination chamber 50 gallons with sanitary "T" inlet; Must be inspected before and after placing sand. See attached specifications.

REMARKS

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