ALBANY COUNTY DEPARTMENT OF HEALTH

DIVISION OF ENVIRONMENTAL HEALTH
175 Green Street
Albany, NY 12202
518-447-4649

Residential Individual Onsite Wastewater Treatment System (OWTS) System Modification Form

For leach field and full system replacements, please provide **ACDOH EH-102: Residential Individual Onsite Wastewater Treatment System (OWTS).** Complete and submit this form for an existing onsite wastewater treatment system (septic system) that is being modified. Please include design plans and/or drawings of the existing system and proposed modifications. Review and approval will be provided by our office. After work has been completed, please submit a brief report summarizing the project was installed correctly and will work as intended provided by the design professional.

Applicant Name(s):
Phone:
Email Address (required):
Project Address:
Project Tax Parcel ID:
Municipal Codes Department:
Applicant Address (if different from project):
Details of Project and System Modification(s): **Please provide a brief description of your existing system and the work to be performed**
NYS Design Professional (PE/RA):
Email Address:
NYS PE/RA License Number:
Company/Address:
Phone: