SCHUYLER COUNTY
WATERSHED PROTECTION AGENCY
Shared Services Facility
910 S. Decatur Street
Watkins Glen, NY 14891
Phone: (607) 535-6868
Fax: (607) 535-6867

Darrel C. Sturges –
Watershed Inspector

James D. Howell –
Watershed Assistant

Statement of Acceptance of Conditions

I, _____
Name
_____
Address
_____
Property Location

Agree to:

- have an authorized representative present at the site to provide access to the property for inspection of interior plumbing and dye tests, or when specifically requested, allow the inspector to enter or access the property in the absence of myself or my agent being present,
- allow the inspector to verify information provided, and to conduct an inspection of the indicated onsite wastewater treatment system(s), including system components, and interior and exterior plumbing,
- ensure the septic tank(s), and/or seepage pit(s), if any, will be uncovered **prior** to the requested inspection time: (normally second visit),
- have a licensed waste hauler on site to pump the tank **after** the inspector arrives on site.

I also agree to be responsible for the inspection fee payment.

Signature of property owner or authorized agent*:

Name (print): _____

Affiliation: ☐ Owner ☐ Agent_____

Signature:_____ Date:_____

*person requested, employed or contacted by an owner or owners, occupants or lessee.