

SENECA COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SECTION
31 THURBER DRIVE
WATERLOO, NEW YORK 13165
PHONE: 315-539-1945

\$50.00

APPLICANT: Please complete and return both copies of this application, to above address BEFORE the start of construction or alteration of the system.

APPLICATION FOR APPROVAL TO INSTALL OR ALTER A PRIVATE SEWAGE DISPOSAL SYSTEM

Property Owner _____ Town of _____

Present Address _____ Phone (H) _____ (W) _____

Detailed Location of Installation _____ e-mail _____

No. of Bedrooms _____

No. of Occupants _____

Depth to ground water _____

(circle one)
Installation new replacement
Garden Tub yes no
Garbage Grinder yes no
Home Type house mobile home

Type of soil - clay sandy loam shaley other _____

Topography - sloping, flat, well drained, wet, other _____ Depth to rock _____

Percolation tests: Hole No. 1 1st. _____ 2nd. _____ 3rd. _____ 4th _____
(minutes to fall one inch) Hole No. 2 1st. _____ 2nd. _____ 3rd. _____ 4th _____
 Hole No. 3 1st. _____ 2nd. _____ 3rd. _____ 4th _____

Percolation tests made by _____ Date _____

Plans prepared by _____ Address _____

Contractor _____ Address _____

System Specifications _____

Perimeter drain required - Yes _____ No _____

The Seneca County Health Department in its inspection is the agent for the purpose of compliance with County Watershed Regulation and is not responsible for the satisfactory operation of the system.

Show location of nearest well(s) and/or other water source(s) _____

TO THE OWNER: I certify that the foregoing facts are accurate and complete to the best of my knowledge and belief, and I agree to comply with the provisions of the Seneca County Watershed Regulations, a copy of which I have received.

Signature of Applicant _____ Date _____

FOR USE OF THE SENECA COUNTY HEALTH DEPARTMENT

Plans Approved by _____ Date _____

Installation Approved by _____ Date _____

Remarks: