



Health and Senior Services Building  
2465 Bonadent Drive, Suite 3  
Waterloo, NY 13165

Division of Environmental  
Health Services

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[www.senecacountyhealthdepartment.com](http://www.senecacountyhealthdepartment.com)

## APPLICATION TO INSTALL OR MODIFY A SEPTIC SYSTEM

**FEE \$125.00 residential system and \$250.00 commercial system**

Application is hereby made to the Seneca County Health Department for review of plans prepared by a Professional Engineer or Registered Architect for a septic system to serve the property described below. Three complete sets of stamped plans are included with this application.

OWNER'S NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY 911 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

PROPERTY TAX MAP NUMBER \_\_\_\_\_

INSTALLATION TYPE: NEW CONSTRUCTION \_\_\_\_\_ or, REPLACEMENT/MODIFICATION \_\_\_\_\_

DOES THE HOME (OR BUSINESS) HAVE A BASEMENT: YES \_\_\_\_\_ or, NO \_\_\_\_\_

If YES, will there be fixtures (sinks, washing machine, etc.) in the basement: YES \_\_\_\_\_ or, NO \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_ GARBAGE DISPOSAL: YES \_\_\_\_\_ or, NO \_\_\_\_\_

IF PROPOSAL IS FOR A BUSINESS, INDICATE TYPE OF BUSINESS \_\_\_\_\_ Usual # of employees \_\_\_\_\_

WATER SUPPLY: Existing \_\_\_\_\_ or, Proposed \_\_\_\_\_

Indicate Type: Public \_\_\_\_\_ Lake \_\_\_\_\_ Drilled Well \_\_\_\_\_ Shallow Well \_\_\_\_\_ Spring \_\_\_\_\_ Other \_\_\_\_\_

CONTRACTOR (IF KNOWN) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CONTRACTOR'S PHONE \_\_\_\_\_

I hereby authorize the Seneca County Health Department to perform a site evaluation at the property described above.

I understand that these plans will be reviewed for compliance with the standards of the NYS Department of Health and the Seneca County Watershed Regulations. When applicable, plans will also be reviewed for compliance with the standards of the NYS Department of Environmental Conservation. Acceptance by the Seneca County Health Department does not guarantee that the septic system will function properly, & the Seneca County Health Department assumes no liability should the system fail to function properly.

**I will not begin any construction on my septic system until this proposal is approved by the Seneca County Health Department. Upon completion but prior to covering, I will have a licensed Professional Engineer or Registered Architect inspect the installation so that he/she can certify to the Health Department that the installation was completed according to the approved plan. Failure to do so is a violation of the Seneca County Watershed Regulations.**

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

