



Phone: 315-539-1945

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

**OWNER'S NAME** 

## **Division of Environmental Health Services**

Fax: 315-539-4745 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	T/MODIFICATION
DOES THE HOME (OR BUSINESS) HAVE A BASEMENT: YES or,	NO
If YES, will there be fixtures (sinks, washing machine, etc.) ir	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 LakeDrilled Well	Shallow WellSpring 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 t County Watershed Regulations. When applicable, plans will also be Department of Environmental Conservation. Acceptance by the Sen septic system will function properly, & the Seneca County Health Deproperly.	reviewed for compliance with the standards of the NYS eca County Health Department does not guarantee that the
I will not begin any construction on my septic system until this propulation completion but prior to covering, I will have a licensed Professo that he/she can certify to the Health Department that the install to do so is a violation of the Seneca County Watershed Regulations	ssional Engineer or Registered Architect inspect the installation lation was completed according to the approved plan. Failure
SIGNATURE OF PROPERTY OWNER	DATE

