



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

Division of Environmental
Health Services

Phone: 315-539-1945
Fax: 315-539-4745

www.senecacountyhealthdepartment.com

APPLICATION TO REPLACE A SEPTIC TANK

OWNER'S NAME _____ **E-MAIL ADDRESS** _____

OWNER'S MAILING ADDRESS _____ **PHONE** _____

PROPERTY 911 ADDRESS _____ **TOWN** _____

SEPTIC TANK SIZE _____ gallons. TANK MATERIAL (i.e. concrete, plastic) _____

Number of bedrooms in the house _____

Distance of proposed tank to nearest water supply well (on this property or adjacent) _____ ft.

Distance to nearest dwelling _____ ft.

Distance to nearest watercourse (stream, lake, pond, etc.) _____ ft.

BE SURE TO INCLUDE:

A SKETCH of the proposed plan. Please show the location of nearest well, dwelling, watercourse, etc. You may draw the sketch on the reverse side of this form or on an attached page.

NAME OF COMPANY OR PERSON PREPARING THIS PROPOSAL _____

I WILL NOT BEGIN ANY CONSTRUCTION UNTIL THIS PROPOSAL IS ACCEPTED BY THE SENECA COUNTY HEALTH DEPARTMENT. INSTALLATION WITHOUT ACCEPTANCE IS A VIOLATION OF THE SENECA COUNTY SANITARY CODE.

Please note – there is NO FEE for replacement of an existing septic tank.

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

HEALTH DEPARTMENT USE ONLY BELOW THIS LINE _____

ACCEPTED BY _____ **DATE** _____

Seneca County Health Department

This acceptance expires two years after the date of acceptance

2-27-24

2.20.2024

