



COMPLETION CERTIFICATE FOR SEPTIC TANK INSTALLATION

I hereby certify that the installation of the _____ gallon septic tank to serve the
 _____ property at _____ in the Town of
 (Owner's Name) (Property Address)

_____ was completed on _____, in accordance with the proposal
 (Date)

accepted by the Seneca County Health Department on _____.
 (Date)

Installer _____

Company Name (when applicable) _____

Address _____

Signature _____ Date _____

Title _____
 (Owner, Agent, Installer)

