

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





315-539-4745 www.senecacountyhealthdepartment.com

Phone: 315-539-1945

COMPLETION CERTIFICATE FOR SEPTIC TANK INSTALLATION

I hereby certify that the installation of the	gallon septic tank t	o serve the
propert	y at	in the Town of
(Owner's Name)	(Property Address)	
was completed on	, in ac (Date)	ccordance with the proposa
accepted by the Seneca County Health Depar	tment on(Date)	-
Installer		
Company Name (when applicable)		
Address		
Signature	Date	
Title(Owner, Agent, Installer)		
(Owner, Agent, mstaner)		

