



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

Division of Environmental  
Health Services

Phone: 315-539-1945  
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[www.senecacountyhealthdepartment.com](http://www.senecacountyhealthdepartment.com)

## Septic System Variance Request Form

Date: \_\_\_\_\_

Seneca County Tax Map Number: \_\_\_\_\_ Town: \_\_\_\_\_

911 Address of Property: \_\_\_\_\_

Does the property border Cayuga Lake, Seneca Lake or the Seneca-Cayuga Canal? \_\_\_\_\_ Yes \_\_\_\_\_ No

I request that the Health Department (*Please check all that apply*)

\_\_\_\_ Waive a Property Transfer Inspection    \_\_\_\_ Extend a Property Transfer Inspection until \_\_\_\_\_

\_\_\_\_ Waive a Routine Inspection    \_\_\_\_ Extend a Routine Inspection until \_\_\_\_\_

\_\_\_\_ Waive a Septic Tank Pump Out    \_\_\_\_ Extend a Septic Tank Pump Out until \_\_\_\_\_

As required under the Seneca County Local Law #7 of 2021 for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This variance request will be addressed by the Variance Committee for the Seneca County Board of Health.*

**For Property Transfer Inspection:**

Buyer Name and Address

\_\_\_\_\_  
\_\_\_\_\_

**Telephone/email**

Signature: \_\_\_\_\_

Seller Name and Address

\_\_\_\_\_  
\_\_\_\_\_

**Telephone/email**

Signature: \_\_\_\_\_

**For Routine Inspection:**

Owner Name and Address

\_\_\_\_\_  
\_\_\_\_\_

**Telephone/email**

Signature: \_\_\_\_\_

***Please Note:***

**All requests must be filled out completely and signed in order to be processed. All incomplete requests will be returned.**

