



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

WASTE TRANSPORTER CERTIFICATION

To be completed by a waste hauler who possesses a Waste Transporter Permit issued by the DEC pursuant to Part 364 of Title 6 of NYCRR. This form to be completed and returned to the address listed above.

SECTION 1: System Owner and System Location

_____ Town: _____
_____ Tax Map#: _____

SECTION 2: Transporter's Certification (To be completed by waste hauler. Fill out a separate form for each septic tank)

1. Transporter's Part 364 Permit Number: _____
2. Date septic tank was pumped out: _____
3. Septic tank size (gallons): _____
4. Type septic tank (concrete, steel, fiberglass, etc): _____
5. Liquid level: _____ Sludge level: _____ Scum level: _____
6. Condition of sanitary tees, baffles, tank walls, and tank:
_____ New _____ Good _____ Fair _____ Poor - cracked, leaking, etc.
_____ Other — Explain: _____
7. Volume from septic pumping: _____
8. Location of septic tank (in space below or on back, please provide a sketch showing the septic tank with dimensions to permanent objects so that tank can be easily located in the future):

I hereby certify that on the date shown above, I removed (pumped out) the contents of the septic tank(s) at the above listed parcel. Further, I certify that, to the best of my knowledge, all answers provided on this form are true and correct.

Waste Transporter: _____ Date: _____

System Owner: _____ Date: _____

