



APPLICATION TO INSTALL OR MODIFY A SEPTIC SYSTEM

FEE \$150.00 residential system and \$250.00 standard \$750.00 complex commercial system

Application is hereby made to the Seneca County Health Department for review of plans prepared by a Professional Engineer or Registered Architect for a septic system to serve the property described below. Three complete sets of stamped plans are included with this application.

OWNER'S NAME _____ E-MAIL ADDRESS _____

OWNER'S MAILING ADDRESS _____ PHONE _____

PROPERTY 911 ADDRESS _____ TOWN _____

PROPERTY TAX MAP NUMBER _____

INSTALLATION TYPE: NEW CONSTRUCTION _____ or, REPLACEMENT/MODIFICATION _____

DOES THE HOME (OR BUSINESS) HAVE A BASEMENT: YES _____ or, NO _____

If YES, will there be fixtures (sinks, washing machine, etc.) in the basement: YES _____ or, NO _____

NUMBER OF BEDROOMS _____ GARBAGE DISPOSAL: YES _____ or, NO _____

IF PROPOSAL IS FOR A BUSINESS, INDICATE TYPE OF BUSINESS _____ Usual # of employees _____

WATER SUPPLY: Existing _____ or, Proposed _____

Indicate Type: Public _____ Lake _____ Drilled Well _____ Shallow Well _____ Spring _____ Other _____

CONTRACTOR (IF KNOWN) _____ E-MAIL ADDRESS _____

CONTRACTOR'S PHONE _____

I hereby authorize the Seneca County Health Department to perform a site evaluation at the property described above.

I understand that these plans will be reviewed for compliance with the standards of the NYS Department of Health and the Seneca County Watershed Regulations. When applicable, plans will also be reviewed for compliance with the standards of the NYS Department of Environmental Conservation. Acceptance by the Seneca County Health Department does not guarantee that the septic system will function properly, & the Seneca County Health Department assumes no liability should the system fail to function properly.

I will not begin any construction on my septic system until this proposal is approved by the Seneca County Health Department. Upon completion but prior to covering, I will have a licensed Professional Engineer or Registered Architect inspect the installation so that he/she can certify to the Health Department that the installation was completed according to the approved plan. Failure to do so is a violation of the Seneca County Watershed Regulations.

SIGNATURE OF PROPERTY OWNER _____ DATE _____

