

SENECA COUNTY DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH SECTION  
31 THURBER DRIVE  
WATERLOO, NEW YORK 13165  
PHONE: 315-539-1945

\$50.00

APPLICANT: Please complete and return both copies of this application, to above address BEFORE the start of construction or alteration of the system.

APPLICATION FOR APPROVAL TO INSTALL OR ALTER A PRIVATE SEWAGE DISPOSAL SYSTEM

Property Owner \_\_\_\_\_ Town of \_\_\_\_\_

Present Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Detailed Location of Installation \_\_\_\_\_ e-mail \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_

No. of Occupants \_\_\_\_\_

Depth to ground water \_\_\_\_\_

(circle one)  
Installation            new        replacement  
Garden Tub            yes        no  
Garbage Grinder        yes        no  
Home Type            house     mobile home

Type of soil -  clay  sandy  loam  shaley  other \_\_\_\_\_

Topography - sloping, flat, well drained, wet, other \_\_\_\_\_ Depth to rock \_\_\_\_\_

Percolation tests:        Hole No. 1        1st. \_\_\_\_\_ 2nd. \_\_\_\_\_ 3rd. \_\_\_\_\_ 4th \_\_\_\_\_  
(minutes to fall one inch) Hole No. 2        1st. \_\_\_\_\_ 2nd. \_\_\_\_\_ 3rd. \_\_\_\_\_ 4th \_\_\_\_\_  
                                 Hole No. 3        1st. \_\_\_\_\_ 2nd. \_\_\_\_\_ 3rd. \_\_\_\_\_ 4th \_\_\_\_\_

Percolation tests made by \_\_\_\_\_ Date \_\_\_\_\_

Plans prepared by \_\_\_\_\_ Address \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

System Specifications \_\_\_\_\_

Perimeter drain required - Yes \_\_\_\_\_ No \_\_\_\_\_

The Seneca County Health Department in its inspection is the agent for the purpose of compliance with County Watershed Regulation and is not responsible for the satisfactory operation of the system.

Show location of nearest well(s) and/or other water source(s) \_\_\_\_\_

TO THE OWNER: I certify that the foregoing facts are accurate and complete to the best of my knowledge and belief, and I agree to comply with the provisions of the Seneca County Watershed Regulations, a copy of which I have received.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR USE OF THE SENECA COUNTY HEALTH DEPARTMENT

Plans Approved by \_\_\_\_\_ Date \_\_\_\_\_

Installation Approved by \_\_\_\_\_ Date \_\_\_\_\_

Remarks: