

APPLICATION FOR SEWAGE DISPOSAL SYSTEM

* Requirements. Do not write in this space.

Examined: 19
Approved: 19

Disapproved a/c Sanitary Inspector Date of Application

INSTRUCTIONS

A. This application must be completely filled in by applicant in ink and submitted in Triplicate to the Town Clerk. Diagram the location plan, illustrating lot, buildings, set-back dimensions from property lines, adjoining premises, public streets, etc.; giving detailed description of property layout under "Plot Diagram". diagrammed location for approval or disapproval. (1) Return application to Town Clerk for payment in initial fee. (2) Town Clerk will forward application to Sanitary Inspector who will review the diagrammed location for approval or disapproval. (3) Upon approval of location, applicant will be notified, and (4) it will then become necessary for applicant to provide Sanitary Inspector with 2 hand dug holes specifically located, approximately one (1) foot square and two (2) feet deep. 1 test hole 6 feet deep. Upon completion, (5) applicant will call Sanitary Inspector who will schedule a percolation test. NOTE: INSPECTOR SHALL HAVE THREE DAY NOTICE TO TAKE PERCOLATION TEST, which test will determine if system will perform satisfactorily. Following the percolation test, (6) applicant will be notified by Sanitary Inspector of the necessary (*) requirements for the installation of sewage disposal system. Upon completion of the installation and (7) before covering the sewage disposal system, the Sanitary Inspector MUST again be called by applicant for a final inspection and approval or rejection. NOTE: HERE AGAIN THE INSPECTOR SHALL BE ALLOWED 24 HOURS NOTICE TO INSPECT BEFORE COVERING THE SYSTEM. Tanks must be concrete, 1,000 gallons minimum capacity, and must be set on 3 inches sand or pea gravel.

Applicant's Signature Address and Telephone

CIRCLE: whether applicant is owner; lessee; agent; builder; or engineer.
Name and address of owner (if different than above)
Nature of work: New; or Relocation
Number of dwelling units; number of bathrooms; laundry; cellar
Size of lot or area of site; set-back dimension
Name of plumber or contractor:
Source and location of water supply: Well; Public; Other
Road Location:

PLOT DIAGRAM (Plot diagram of location on reverse side)

** FEES: The initial fee shall be paid by the property owner to the Town Clerk, at the time application is sought. All subsequent calls shall be paid to the Sanitary Inspector at the rate of ten dollars (\$10.00) each. The failure to pay any such fee or fees shall be deemed a violation.

Fee: 50.00 Date Paid: To:

STATE OF NEW YORK }
COUNTY OF GREENE } SS.:

being duly sworn, deposes and says that he is the applicant named. He is the (owner, contractor, agent, corporate officer) of said owner or owners; and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith and in accordance with the New York State Department of Health.

Sworn to before me this day of 19 Signature of Applicant

Notary Public - State of New York My Commission expires 3/30/ Date of Application

PLOT DIAGRAM