

SEPTIC DISPOSAL PERMIT

Office Use Only

Received _____

Tax Map ID _____

Permit No. _____

Permit Fee _____

Approvals: _____

DATE _____

TAX MAP ID _____

LOCATION OF INSTALLATION _____

APPLICANT _____ **PHONE / E-MAIL** _____

ADDRESS _____

INSTALLER/BUILDER: _____ **PHONE / E-MAIL** _____

ADDRESS: _____

OWNER _____ **PHONE / E-MAIL** _____

Address _____

CONTACT PERSON FOR BUILDING & CODES COMPLIANCE: _____ **PHONE** _____

<u>RESIDENCE INFORMATION</u>					
Year Built	# of bedrooms	X Gallons per bedroom	= Total Daily Flow		
1980 or older				Garbage grinder installed	__ Y __ N
1981-1991				Spa or Hot Tub installed	__ Y __ N
1992-Present					

<u>PARCEL INFORMATION</u>	
Topography	___ Flat rolling ___ Steep slope ___ % slope
Soil Nature	___ Sand ___ Loam ___ Clay ___ Other
Groundwater	At what depth? _____
Bedrock / Impervious Material	At what depth? _____
Domestic Water Supply	___ Municipal ___ Well (if well, water supply from any septic system absorption is ___ ft.)
Percolation Test	Rate: _____ per minute per inch (test to be completed by licensed engineering / architect)

<u>PROPOSED SYSTEM FOR NEW CONSTRUCTION</u>		
Tank Size	_____ gallons (minimum size 1,000 gallons, add 250 gallons to size for each garbage grinder or spa or hot tub)	
System Type	Absorption field with #2 stone	Total length _____ ft.; Each trench _____ x _____
	Seepage Pit with #3 stone	How many: _____; size _____
	Alternative System	Bed or other type? _____
	Holding Tank System	Total required capacity? _____ Tank size _____ # of tanks _____

Notes: 1) Alarm system & associated electrical work must be inspected by a Town approved electrical inspection agency; 2) We will no longer allow systems to be covered until such time as an As-Built plan is received & approved. The installed system must match the septic system layout on file – no exceptions.

DECLARATION: Any permit or approval granted which is based upon or is granted in reliance upon any material representation or failure to make a material fact or circumstance know by or on behalf of an applicant, shall be void. I have read the regulations and agree to abide by these and all requirements of the Town of Queensbury Sanitary Sewage Disposal Ordinance.

Print Name: _____ Date: _____

Signature: _____ Date: _____