



SEPTIC DISPOSAL PERMIT APPLICATION

Town of Queensbury
742 Bay Road, Queensbury, NY 12804
P: 518-761-8256 www.queensbury.net

Office Use Only

Permit #: _____
Permit Fee: \$ _____ ; Invoice #: _____
Septic Variance? _____ Yes _____ No

Tax Map ID #: _____

Project Location: _____

• **Applicant:**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _(_____) _____ Land Line: _(_____) _____
Email: _____

• **Primary Owner(s):**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _(_____) _____ Land Line: _(_____) _____
Email: _____

Check if all work will be performed by homeowner only

• **Contractor: Workers' Comp documentation must be submitted with this application**

Contact Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _(_____) _____ Land Line: _(_____) _____
Email: _____

• **Engineer(s):**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _(_____) _____ Land Line: _(_____) _____
Email: _____

Contact Person for Building & Code Compliance: _____
Cell Phone: _(_____) _____ Land Line: _(_____) _____
Email: _____

RESIDENCE INFORMATION:				
Year Built	Gallons per day	# of bedrooms:	X gallons per bedroom	= total daily flow
1980 or older	150			
1981-1991	130			
1992-Present	110			

Garbage Grinder Installed? (circle one)	Yes	No
Spa or Hot Tub Installed? (circle one)	Yes	No

PARCEL INFORMATION:	
Topography	_____ Flat Rolling _____ Steep Slope _____ % Slope
Soil Nature	_____ Sand _____ Loam _____ Clay _____ Other (explain: _____)
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 engineer/architect)
PROPOSED SYSTEM FOR NEW CONSTRUCTION:	
Tank size	_____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub)
System	Absorption field with #2 stone Total length _____ ft.; Each Trench _____ ft.
	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 and 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 and approved. The installed system must match the septic layout on file—no exceptions. 3. As-built drawings must be submitted prior to the inspection, if there has been a change to the submitted plans.

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 known 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: _____