



SEPTIC DISPOSAL PERMIT APPLICATION

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

Office Use Only

Permit #: _____

Permit Fee: \$ _____

Invoice #: _____

Septic Variance? Y N

Flood Zone? Y N

Wetlands? Y N Reviewed By: _____

Project Location: _____

Tax Map #: _____

| 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? (choose one) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Spa or Hot Tub Installed? (choose one) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PARCEL INFORMATION:

| | |
|-----------------------------|--|
| Topography | <input type="checkbox"/> Flat Rolling <input type="checkbox"/> Steep Slope _____% Slope |
| Soil Nature | <input type="checkbox"/> Sand <input type="checkbox"/> Loam <input type="checkbox"/> Clay <input type="checkbox"/> Other, explain: _____ |
| Groundwater | At what depth? _____ |
| Bedrock/Impervious material | At what depth? _____ |
| Domestic Water Supply | <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Lake (if well or lake, water supply from any septic system absorption is _____ ft.) |
| Percolation Test | Rate: _____ per minute per inch (test to be completed by a licensed engineer/architect) |

PROPOSED SYSTEM INFORMATION:

| | | |
|-----------|---|---|
| Tank size | _____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub) | |
| System | Absorption field w/#2 stone | Total length _____ ft.; Each Trench _____ ft. |
| | Seepage Pit w/#3 stone | How many: _____; Size: _____ |
| | Alternative System | Bed or other type: _____ |
| | Holding Tank System | Total required capacity? _____; tank size _____; # of tanks _____ |

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

• **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 property owner only

• **Contractor:**

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

****Workers' Comp documentation must be submitted with this application****

• **Engineer(s):**

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

Contact Person for Compliance in regards to this project: _____
Cell Phone: _____ Land Line: _____
Email: _____

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. 4. If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury. After 1 year from the initial application date, 100% of the fee is retained.

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: _____

SIGNATURE: _____ DATE: _____