



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

SEPTIC DISPOSAL PERMIT

Submission Requirements:

1. Completed Septic permit application (please print neatly or type)
2. Workers Compensation insurance information for **ALL** contractors involved in the project – this is REQUIRED EVEN FOR SOLE PROPRIETORS

TWO (2) COPIES of the plot plan showing:

- a. The location of the proposed septic alterations
- b. The location of any existing structures
- c. All wells on the property and adjacent properties shown
- d. Distances from, if needed:
 - a. Leech lines to foundation
 - b. System to wells
 - c. Any part of system to property lines
 - d. Tank and pump stations to foundation and/or any water line
 - e. Leech field to water/wetland

Setback requirements:

1. Minimum setback for a septic system to any property line is 10 feet
2. Minimum setback for a leech field is 20 ft. from the foundation, 100 ft. from any well and 10 ft. from the water line

***Final Inspection Information:**

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

ADDITIONAL IMPORTANT INFORMATION:

1. Any **changes to the approved plans prior to or during construction** will require the submittal of amended plans, additional reviews and re-approval.
2. If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury.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.



SEPTIC DISPOSAL PERMIT APPLICATION

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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: _____

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: _____