



TOWN OF FORT EDWARD

118 BROADWAY

P.O. BOX 127

FORT EDWARD, N.Y. 12828-0127

OFFICE – 518.747.5212 -----FAX 518.747.2493

ONSITE SEPTIC DISPOSAL PERMIT APPLICATION

(Clerk's Office Use Only)

APPLICATION NO: _____ DATE : _____

FEE PAID: _____

Requirements, Fees and Instructions (Please use dark blue or black ink)

The application must be filled out completely and in every respect with ALL questions answered and ALL required attachments before the Town can officially accept the application for processing. If the application is incomplete, it will be returned to you for completion or inclusion of the deficient information.

Use this application for any new onsite subsurface wastewater treatment system or for expansion, repair, or modification of an existing septic system.

A PERMIT MUST BE OBTAINED BEFORE WORK BEGINS. APPLICATION IS SUBJECT TO REVIEW BEFORE ISSUANCE OF A VALID PERMIT. NO INSPECTIONS WILL BE MADE UNTIL THE APPLICANT HAS RECEIVED A VALID PERMIT. TO ENSURE TIMELY REVIEW OF YOUR APPLICATION PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROVIDE WITH THIS APPLICATION THE FOLLOWING DOCUMENTATION:

- Site Plan or Sketch Plan of property (include as much detail as possible and all existing and proposed conditions on the property) Include the property boundaries and location, size, and plan details of the existing and/or proposed sewage system components
- Subsurface soil testing and verification report or data by a NYS licensed professional engineer (minimum one deep test hole and two percolation tests per system)
- Construction Plans and Specifications for the subsurface wastewater treatment system, stamped & signed by a NYS licensed professional engineer
- If the Owner is not the Applicant an Authorization of Agent form must be provided
- Onsite wastewater treatment systems must comply with NYSDEC Design Standards for Wastewater Treatment Works (for commercial projects and facilities) or NYSDOH Appendix 75-A Wastewater Treatment Standards – Individual Household Systems (for residential properties) If the system cannot comply with the applicable standards, a variance from the local Board of Health must be obtained prior to making application for a permit

- Please submit the original plus (3) three copies of your Application and supporting documentation to the Town Clerk's Office for distribution to the Zoning Administrator and Code Enforcement Officer for review and verification of permit requirements.

GENERAL INFORMATION

Project Location and Information

Number and Street Address: _____
 Zoning District: _____
 Tax Map Number: _____
 Current Use of the Property/Building: _____
 Proposed Use or Type of Structure: _____

Property Owner Identification

Owner is Applicant

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Contractor/Builder Identification

Contractor is Applicant

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Agent Identification

Agent is Applicant

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Description of proposed construction and/or planned installation:

CALCULATION OF DESIGN FLOW

Residential Property

Year Built	No. of Bedrooms		Flow per Bedroom		Daily Flow
Pre-1980		X	150	=	
1980 - 1991		X	130	=	
1992 - present		X	110	=	
DESIGN FLOW					GPD

(Unfinished expansion attics or bonus rooms shall be considered an additional bedroom)

Commercial Property

Type of Facility Designation from Standard: _____

Designated Unit: _____

Total # Units: _____

DESIGN FLOW = _____ GPD

(All discharges of industrial nature and wastewater discharges to groundwater of 1000 gallons per day (GPD) or more require coordination with and a SPDES permit from the NYDEC. Applicant is required to apply for a SPDES permit from NYSDEC upon making application to the Town. No work shall commence until permits have been obtained from the Town and NYDEC. A copy of the NYSDEC permit shall be provided to the Town for recordkeeping purposes).

SYSTEM TYPE

Please check the type of subsurface wastewater treatment system:

Pipe/Stone Absorption Field

Eljen In-Drain Geotextile Sand Filter

Gavelless Infiltration Chambers

Deep Absorption Trenches

Shallow Absorption Trenches

Cut and Fill System

Absorption Bed

Raised Absorption System

Mound System

Alternative System

Holding Tank

Specify: _____

DOSING/EFFLUENT DISTRIBUTION INFORMATION

Please check the type of dosing planned for the subsurface system:

Gravity Distribution

Pressure Distribution

Pressure Dosing

Other: _____

SEPTIC TANK SIZING & INFORMATION

Does the facility contain a garbage grinder? Yes No

(If yes, for commercial facilities increase calculated tank size by 1/3, for residential properties increase number of bedrooms for tank sizing by one)

If a residence, does any unfinished space considered an "expansion attic" or "bonus room" contain space that could be finished in the future? Yes No

(If yes, increase number of bedrooms for tank sizing by one)

Please specify the size of the septic tank: _____ gallons

Commercial: 1.5 x Design Flow if under 5000 gpd (2.0 x Design Flow with garbage grinder)

Residential: 1-3 bedrooms 1000 gals, 4 bedrooms 1250 gals

Bedrooms: _____ 5 bedrooms 1500 gals, 6 bedrooms 1750 gals

(Including grinder/attic/whirlpool/spa tub)

Tank Material: Precast Concrete Plastic/Fiberglass Other: _____

Does tank require ballast for buoyancy from shallow groundwater? Yes No

SUBSURFACE/SOIL INFORMATION

Predominant soil type on site in vicinity of absorption system:

Sand Loam Clay Silt Other: _____

Percolation Rate: _____ in/min Depth of Percolation Test: _____ in

Depth to Impervious/Bedrock: _____ ft

Depth to Seasonal High Groundwater: _____ ft

Deep Test Pit Data:

DEPTH	SOIL DESCRIPTION

Effluent Application Rate: _____ gals/day/sf

If a trench or similar type system specify total length required: _____ ft

If a bed system specify dimensions of absorption bed: _____ ft X _____ ft

PUMPED SYSTEMS

What is the required dosing volume: _____ gallons per cycle

Please specify the size of the pump station vault or chamber: _____

(Must be sized to include one day's design flow reserve storage capacity)

Engineer's drawings and specifications for pumped systems must include the following minimum information;

- Size and location of pump station, access cover, ventilation, and etc
- Specifications of pump, piping, valves, disconnects, slide rails, and etc
- Specifications for float mechanisms and heights, visual and audible alarms, control panel, electrical/power, backup power, and etc

NOTE: ALARM SYSTEM AND ASSOCIATED ELECTRICAL WORK MUST BE INSPECTED BY A TOWN APPROVED ELECTRICAL INSPECTION AGENCY.

What is the potable water source for the property? Municipal Private Well

Does the system comply with all required separation distances for; property lines, wells or water lines, buildings, ponds, lakes, and streams? Yes No

Does the system require any variances, waivers, or relief from requirements?

Yes No If yes, please explain:

COMMENTS OR OTHER INFORMATION:

To the best of my knowledge, the statements contained in this application, together with the plans and specifications submitted are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes, the Zoning Ordinance, and all other local, state, and federal laws pertaining to the proposed work shall be complied with, whether specified or noted, and that such work is authorized by the Owner. Further, it is understood that the Applicant shall satisfy all inspection requirements of the permit prior to a Certificate of Occupancy or Certificate of Compliance being issued. Any permits issued are valid for a period of (1) one year and all work must be completed by such date unless the Applicant applies for and is granted an extension of time by the Code Enforcement Officer.

Date: _____

Name: _____

Signed: _____