

INDIVIDUAL SEWAGE TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION

Owner Name _____ Telephone _____
Mailing Address _____ Town _____ Zipcode _____ State _____
E-mail _____ Preferred Correspondence: Mail Email

PROPOSED DEVELOPMENT

Site Address _____ Township _____
Exact Directions to Site (if not 911 address) _____
_____ Tax Map ID# _____

Lot Type: Private Lot CCHD Approved Subdivision Subdivision Name _____ Lot # _____

APA: Is an APA permit required? Yes No (if yes, please contact the APA first for a determination of jurisdiction).

Building Type: Residential Commercial

Number of Bedrooms: 1 2 3 4 5 Other _____ or Proposed Design Flow per NYSDEC: _____

Foundation: Full Basement Half-Basement Slab Block Supports Other (please list) _____

Type of System: New Replacement (requires Design Professional) Replacement (does not require Design Professional)

Conventional Type of System: N/A Conventional Gravity Eljen Shallow Absorption Trench

Alternative Type of System: N/A Conventional with Pump Station Mound Other _____

Water Supply: Drilled Well Dug Well Public Water Supply Surface Water Other _____

If not on public water, indicate type of water pump: Submersible (pressure / in well) Siphon-jet (suction)

If not a new home, are low-flow fixtures (1.6 gallons / toilets) installed in the home? Yes No

*Will a kitchen sink garbage disposal be installed? Yes No (If yes, a dual-compartment tank is required)

*Will a several-person hot tub spa be installed: Yes No Tank Type: Concrete Plastic

Tank Size: _____ Tank Features: Dual Compartment Gas Deflection Baffle Effluent Filter Other _____

(*Note: Septic tank size is required to be increased to accommodate additional feature)

System to be installed by (Contractor) _____ Phone _____

**Permit Application Submit By _____ Title _____

***By applying for this permit, the Property Owner acknowledges they have reviewed this document and accepts information contained herein and the person submitting this document is an authorized party on behalf of the Property Owner.*

ALL CONSTRUCTION MUST BE INSPECTED PRIOR TO BACKFILLING; REVIEW "CONSTRUCTION INSPECTION POLICY and PROCEDURE" AND CALL 518-565-4870 TO REQUEST AN INSPECTION

HEALTH DEPARTMENT USE ONLY*	
_____	_____
Fee Paid	Receipt #
_____	_____
Permit Approved by	Date

Construction permits expire two (2) years from the date of approval and can be renewed in 2-year increments.

PLOT PLAN (Conventional Systems Only)

(Pages #2, 3, and 4 are not required if information is provided on plans)

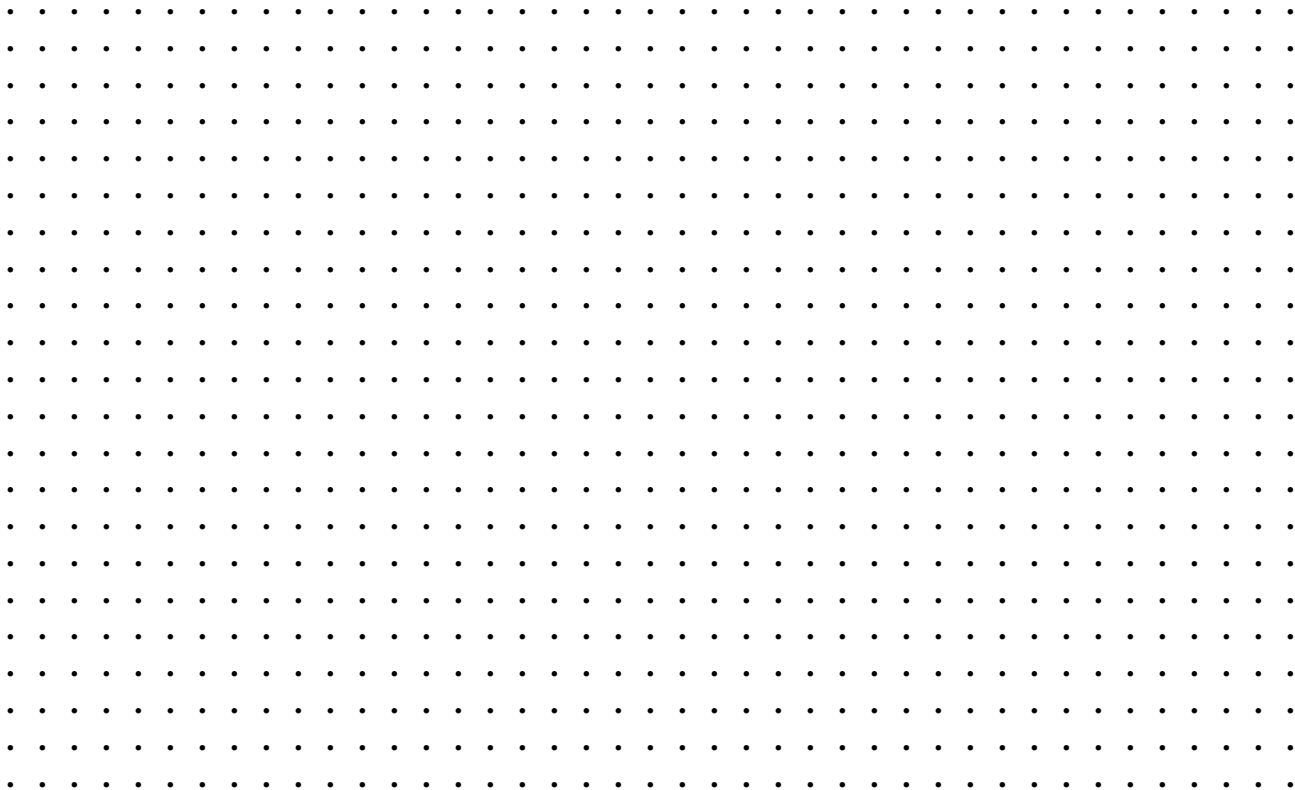
Only legible drawings with straight lines or CAD drawings will be accepted. **Check item when drawn and distance labelled or write N/A if not present or not intended.**

Deep Hole and Percolation Locations	North Arrow
Property Lines (location <u>or</u> distance + direction)	Access Roads
Drainage: ditches/swales /buried collection pipes	Driveways
Slope (indicate direction and percent grade)	Vegetation (Woods, Lawn, Open Field, etc)
Public Water lines & Connection to Home (10'+)	Home- show shape incl.: porches, decks, etc.
Water Supply Line from Well to Home	Other structures- garages, sheds, pools, etc.
Septic Tank – show orientation of inlet and outlet	Distance from Well to Septic Tank (50'+)
Proposed D-Box and Absorption lines	Well suction pump location(s); yours/ neighbors
50% Absorption expansion area (All distances apply)	Suction Water line(s) to leach-field (+100')
Distance from Proposed Well (PW)	Distance from Leach field - Property Line (10'+)
Neighbor's Well (NW) to leach area (100'+)	Distance from Existing Well
Distance from Leach Field (100'+) & Tank (50'+) to Nearby Stream, Lake or Wetland Boundaries	

Label Limitations on Drawing (i.e., separation distances that cannot be met)

SCALE: Each 4-dot square on grid is (circle) 10'x10' OR 5'x5' OR _____x_____.

DH = Deep-Hole Test Location PT 1 = Percolation Test #1 Location PT 2 = Percolation Test #2 Location



SYSTEM SPECIFIC REQUIREMENTS (To be completed by Health Department Personnel)

Leach-field type of trenches: Crushed Stone Plastic Chambers Eljen Units Other _____

Septic tank: Concrete Plastic **Tank Size (gallons):** 1,000 1,250 1,500 1,750 2,000

Required Tank Components: Dual-Compartment Gas Deflection Baffle Effluent Filter

Bottoms of trenches are to be no deeper than * _____ inches below the grade (Determined at deep-hole test);

Additional Fill to be placed in area prior to Trench Build: 18-inches(-) Available Usable Soil (inches)= _____ (inches);

Minimum Total Trench Length: _____ feet **Minimum # of Eljen Units:** _____ Sand Source _____

NOTE: Replacement Systems using Existing Tank require prior pumping must be empty for inspection.

SITE DESCRIPTION

1. **GRADING:** Has any of the original soil been removed from the proposed leach field area?
 Yes No If yes, how many inches? _____ Why? _____ When? _____
2. **FILL MATERIAL:** Has any fill material been placed on top of the original soil?
 Yes No If yes, how many inches? _____ Why? _____ When? _____

DEEP HOLE TEST DATA

INSTRUCTIONS:

At least one (1) deep-hole test must be performed in the area of the proposed absorption system. The hole must be at least 6' (72") deep. The Health Department recommends that the deep hole test be done during the high groundwater season (in the Spring, before June 30th). Safety and caution must be exercised when examining the hole in order to obtain the following information:

DESCRIPTION OF SOIL LAYERS

DEPTH	SOIL HORIZON	COLOR	TEXTURE	MOTTLING

Depth of hole: (if less than 72" explain _____) _____ inches
 Was bedrock encountered? Yes No at _____ inches
 Was an impermeable till or clay layer encountered? Yes No at _____ inches
 Was groundwater seepage observed? Yes No at _____ inches
 Soil mottling, evidence of seasonal high groundwater? Yes No at _____ inches

A - Total depth of useable soil (smallest # above): is _____ inches
B – Minimum Separation to Limiting Factor (i.e., Water Table, Clay Soil, Bedrock) = 24 inches
 Maximum trench Bottom Depth (A – B): = _____ inches*

*Trench depth to be no deeper than 30 inches.

I CERTIFY THAT THE DEEP-HOLE TEST RESULTS AND SITE DESCRIPTION ARE TRUE, AND ACCURATE WITH THE LOCATION OF THE DEEP HOLE TEST (DH) LABELED ON THE PLAN

SIGNATURE OF PERSON CONDUCTING TESTS

DATE

Stamp / Cert. #

PERCOLATION TEST DATA

PERCOLATION TEST RESULTS – HOLE 1 (PT 1)

TEST	TOTAL TIME
#1	
#2	
#3	
#4	
#5	
#6	
#7	

Depth of Hole 1: _____ inches

Stabilized percolation rate for Hole 1: _____ min. (longest time).

PERCOLATION TEST RESULTS – HOLE 2 (PT 2)

TEST	TOTAL TIME
#1	
#2	
#3	
#4	
#5	
#6	
#7	

Depth of Hole 2: _____ inches

Stabilized percolation rate for Hole 2: _____ min. (longest time).

STABILIZED PERCOLATION RATE OF SOIL, BASED ON BOTH HOLES: _____ MINUTES
 (The longer of the two stabilized percolation times for both holes)

I CERTIFY THAT THE PERCOLATION TEST RESULTS ARE TRUE, and ACCURATE, with the locations of Percolation Tests (PT 1 and PT 2) labelled on the Plan.

SIGNATURE OF PERSON CONDUCTING TESTS

DATE

Stamp / Cert. #