FEE: _____ Application No. _____

DATE: _____ Inspection Date: _____

APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

Office of the Zoning Officer
Schroon Lake, NY 12870

The undersigned hereby makes application for a permit to perform the work shown on the drawing accompanying this application and described herein:

Owner _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Project Location: _____

Tax Map No. _____ Intended Use: Commercial ( ) Residence ( )

Number of Bedrooms _____ (A) Soil Percolation Rate _____ Min. for 1" fall

(B) Depth - Seasonal High Ground Water _____ (C) Depth - impervious layer _____
(A, B, C to be completed for all locations unless plans have been approved by N.Y.S. Department of Health.)

SEPTIC TANK Size _____ Gallons. LIFT PUMP Required (yes/no) _____

ABSORPTION (TILE) FIELD - Total length of absorption trench (2 ft. wide) _____

SEEPAGE PITS (cesspool/beehive) - # of Pits _____ Diameter _____ Depth _____

NOTE: ALTERNATE SYSTEM Disposal Designs require N.Y.S. Department of Health Approval.

STATE OF NEW YORK)
COUNTY OF ESSEX) SS:

_____ being duly sworn, disposes and says:
_____ is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief.

_____
Signature of Applicant

Sworn to me this
_____ day of _____

_____
Notary Public

›››››››››› TYPICAL MINIMUM SEPARATION DISTANCES FROM WASTE WATER SOURCES ‹‹‹‹‹‹‹‹‹‹

	DWELLING	WELL	MEAN HIGH WATER LAKE, STREAM, ETC.	PROPERTY LINE	SEASONAL HIGH GROUND WATER	IMPERVIOUS LAYER OR LEDGE
SEPTIC TANK	10'	50'	50'	10'	—	--
DISTRIBUTION BOX	20'	100'	100'	10'	--	--
ABSORPTION (TILE) FIELD	20'	100'	100'	10'	2'	5'
SEEPAGE PITS (CESSPOOL)	20'	150'	100'	10'	2'	5'
SANITARY PRIVY PIT	25'	100'	50'	15'	2'	5'

SEE: TOWN OF SCHROON "REGULATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEMS" FOR ADDITIONAL REQUIREMENTS