

**TOWN OF LOWVILLE
SEPTIC PERMIT APPLICATION
INSTRUCTIONS**

This application **must be completely filled in by ink or typewriter** and submitted to the Town of Lowville Code Enforcement Office with required fee. Fee should be made payable to "Town of Lowville"

THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT. THIS PERMIT ONLY COVERS THE WORK DESCRIBED IN THIS APPLICATION AND THE APPLICATION MUST BE ACCOMPANIED BY DESIGN PLANS SIGNED AND STAMPED BY A NEW YORK STATE LICENSED DESIGN PROFESSIONAL. The applicant is responsible for submission of the plans to the NYS Department of Health and proof of submission.

Upon approval of the application, the Town Code Enforcement Office will issue a permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.

NO SEPTIC SYSTEM SHALL BE USED IN FOR ANY PURPOSE UNTIL SUCH TIME AS AN APPLICATION FOR A CERTIFICATE OF COMPLIANCE/OCCUPANCY HAS BEEN SUBMITTED AND THE CERTIFICATE ISSUED BY THIS OFFICE.

Attached you will find Parts 1 and 2, relevant to the design and placement of your septic system and water well.

The Part 1 diagram depicts two septic system layouts on adjacent properties. The diagram shows required minimum distances from various points, which must be maintained when designing your septic and well layout. Part 1 also contains information for the design of your proposed septic system.

Part 2 is provided for you to sketch a similar layout of your proposed septic system and well, as well as to record your percolation test results. (Note: Part 2 contains instructions for conducting a percolation test.) You will also need to record your basic design information for your proposed system.

NOTE: If any item does not apply, write N/A (please do not leave it blank)

(Circle one) TOWN OF LOWVILLE

"EXACT" LOCATION (give directions) _____

(Street/Road name, number, side of street/road, distance from nearest cross road)

TAX ID # FROM THE TAX BILL

Required on all Applications (example 123.00-01-12.300)

Tax Map No. Section _____ Block _____ Lot _____

(Circle) whether applicant is: OWNER, LESSEE, AGENT, ARCHITECT, ENGINEER, OR BUILDER

Name and address of Applicant

*Name and address of Landowner
(If other than Applicant)*

Phone No. _____ Phone No. _____

SEPTIC SYSTEM FEE SEE ATTACHED Total Estimated Value of Construction \$ _____

1. If project is business, commercial or mixed occupancy, specify nature and extent of each type of use

2. Dimensions of existing structure, if any: Front width____ Rear width____ Length _____
Height____ Number of stories____ Square footage _____
3. Dimensions of entire new construction: Front width____ Rear width____ Length____
Height____ Number of stories____ New Sq. footage____ Combined Sq. Ft. Total _____
4. Size of lot: Road frontage____ Rear width____ Depth____ Total acres _____
5. Name of Contractor____ Phone # _____
Address: _____
Workers Compensation Policy # (**REQUIRED**) -----
Liability Insurance Carrier ----- Policy #-----
6. Name of Architect or Engineer _____
Address _____
Phone number _____ License number _____ State _____
7. If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer:

NATURE OF PROPOSED WORK (CHECK ONE)

Septic System for: New Home Installation: _____ Replacement System: _____
Update System from Privy: _____ Update System Due to Additional Bedrooms: _____

Give a brief description of all proposed work: _____

OCCUPANCY (CHECK ALL THAT APPLY)

- 101___ One-family dwelling (R3) 434___ Addition/alterations ___ to a one-family dwelling(R3)
 101___ Two-family dwelling (R3) 434___ Addition/alterations ___ to two-family dwelling (R3)
 101___ Factory Manufactured Home (modular) (R3)
 103___ Three or more family multiple dwelling/permanent occupancy (R2)
 104___ Multiple dwelling/senior citizens housing (R4)
 104___ Multiple dwelling/adult residential care facility (R4)
 213___ Multiple dwelling/transient occupancy (R1) 214___ Residential Garage/Storage (U)
 324___ Business (B) 327___ Mercantile (M) 320___ Industrial (F1,F2) 328___ Storage (S1,S2)
 _____ H1,H2(Hazard) 318___ Assembly (A1,A2,A3,A4,A5) 323___ Institutional (I1,I2,I3,I4)
 321___ Miscellaneous (U) 437___ Non Residential Miscellaneous/Addition
 438___ Garage addition (U)

(A) The applicant shall notify the Code Enforcement Office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code. The authority conferred by such permit may be limited by condition, if any, contained therein.

(B) **A PERMIT ISSUED PURSUANT TO THIS PART SHALL BE PROMINENTLY DISPLAYED ON THE PROPERTY OR PREMISES TO WHICH IT PERTAINS. IF THE PERMIT ISN'T DISPLAYED SO IT CAN BE SEEN FROM THE ROAD, THE PERMIT MAY BE REVOKED AND A NEW PERMIT WILL HAVE TO BE APPLIED FOR.**

(C) **IT IS THE OWNER'S RESPONSIBILITY TO SEE THAT THE TOWN OF LOWVILLE CODE ENFORCEMENT OFFICE IS NOTIFIED WHEN THE PROJECT WILL BE READY FOR THE NEXT INSPECTION. IF NO NOTIFICATION IS MADE AND WORK CONTINUES, THE PROJECT MAY BE STOPPED AND A FEE OF \$25.00 CHARGED FOR NON-COMPLIANCE.**

(D) A permit issued pursuant to this Part may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with approved plans, the Uniform Code, or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.

(E) A permit issued pursuant to this Part shall expire three years from the date of issuance or upon the issuance of a certificate of occupancy (other than a temporary certificate of occupancy), whichever occurs first. A permit for a pool or demolition will expire one year from date of issuance.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant or Authorized Agent _____ Date _____

I, the undersigned, Building Inspector do hereby recommend that the within permit application be (approved) (denied).
(If the Building Inspector recommends denial of the building permit application, then his reasons are to be attached to the building permit application.)

Date _____ Building Inspector _____

ALL CONSTRUCTION SHALL CONFORM TO ALL TOWN AND LOCAL ZONING AND SANITARY CODES AND THE CODES OF NEW YORK STATE

Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State

Energy Conservation Construction Code of New York State

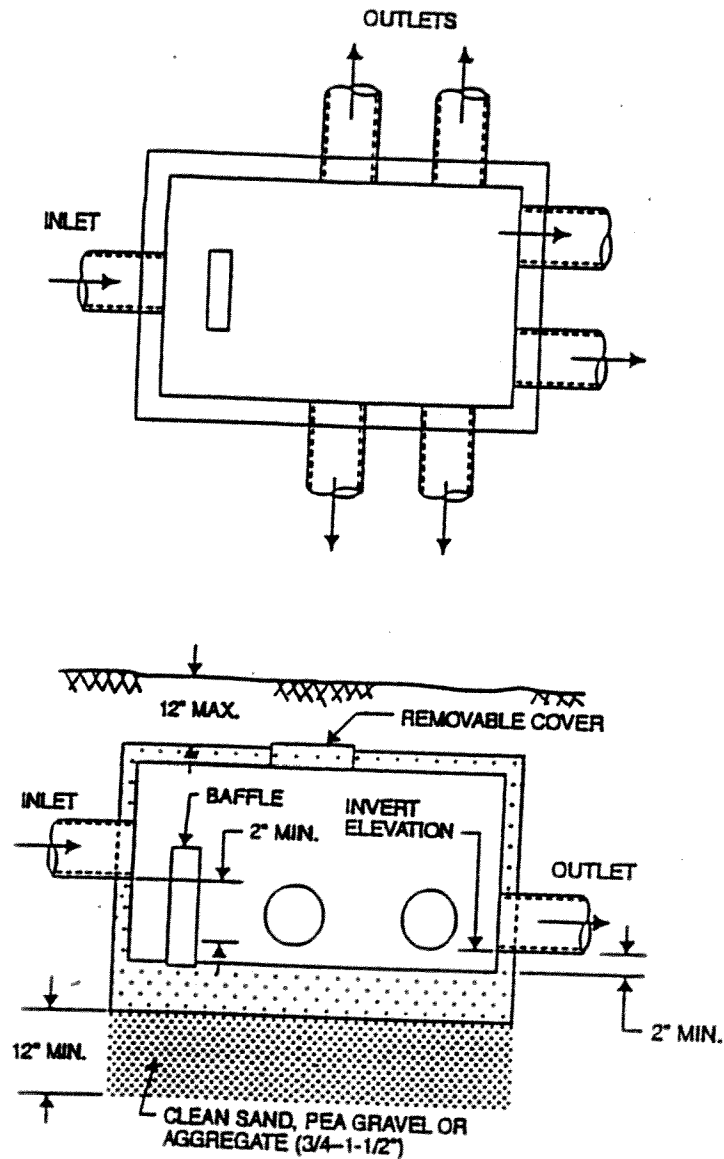
Property Maintenance Code of New York State

Fuel Gas Code of New York State - Residential Code of New York State

Mechanical Code of New York State

PART 1

TYPICAL DISTRIBUTION BOX DESIGN AND INSTALLATION

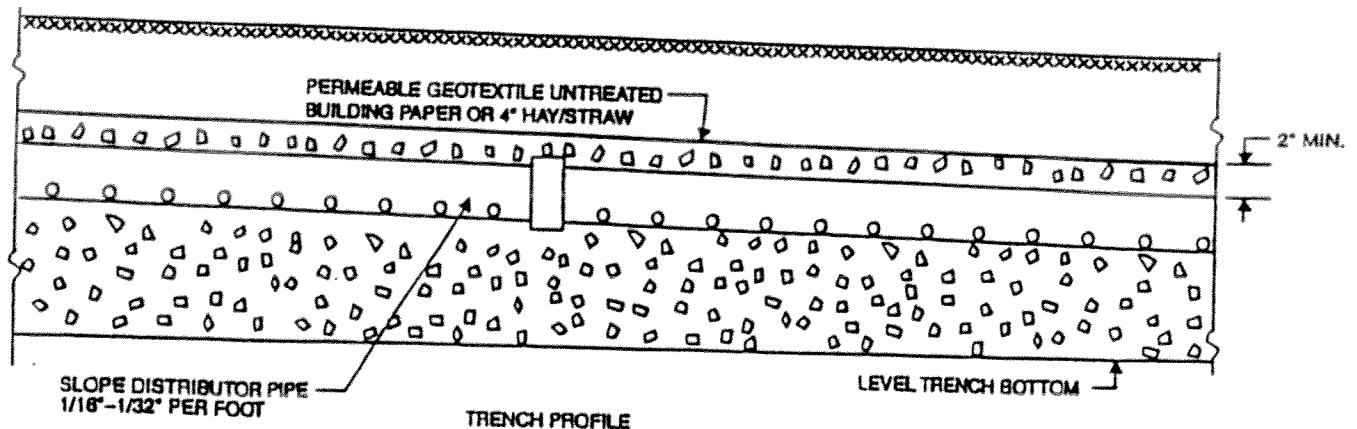
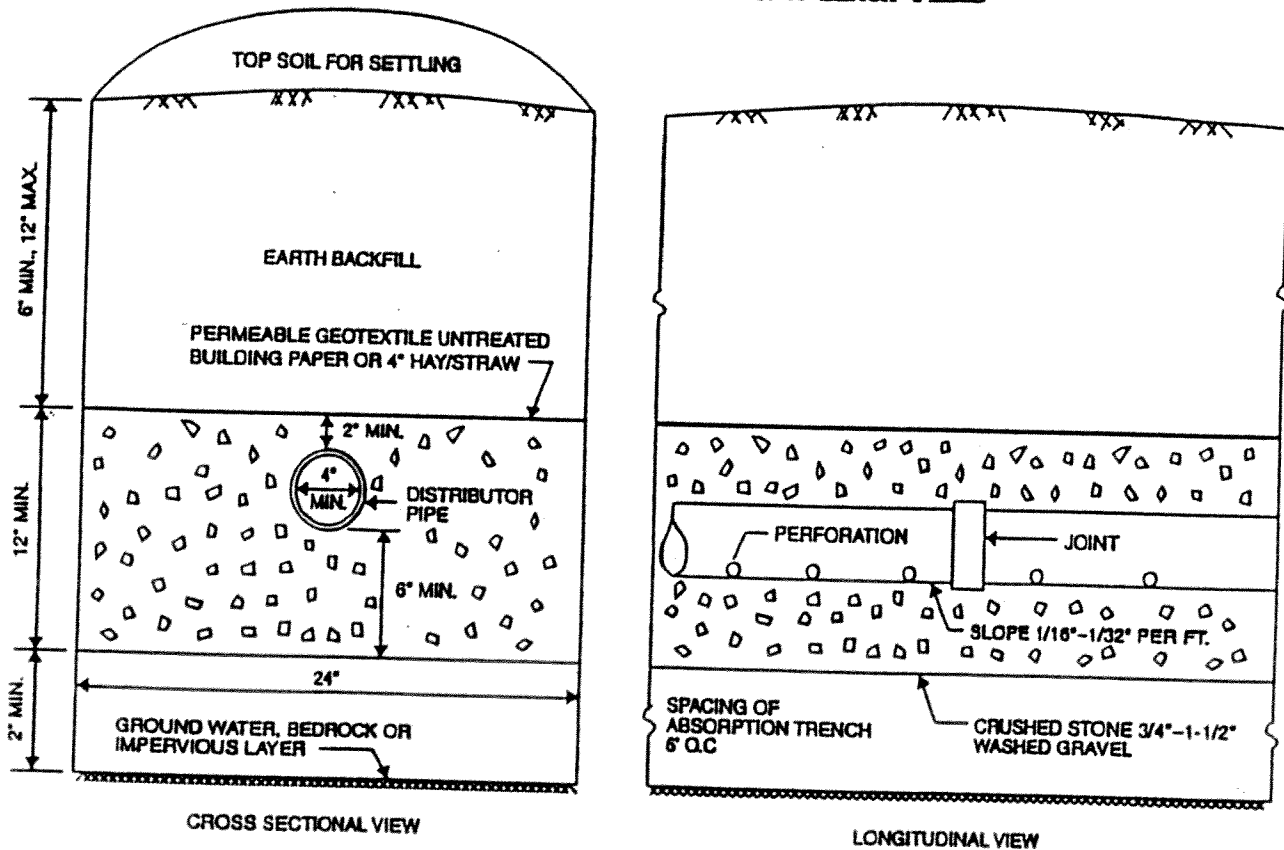


- NOTES:
1. Pipe joints to be sealed with asphaltic material or equivalent.
 2. Invert elevations of all outlet pipes must be equal. Use of speed leveling devices is recommended.
 3. The slope of outlet pipes between the distribution box and distributor laterals should be at least $1/32"$ per foot.
 4. Baffle required for siphon or automatic dosing or if inlet pipe slope exceeds $1/2"$ per foot.

Number of Bedrooms	Minimum Tank Capacity (Gallons)	Minimum Liquid Surface Area (sq. ft.)	PART 1
1, 2, or 3	1,000	27	
4	1,250	34	
5	1,500	40	
6	1,750	47	

NOTE: Tank size requirements for more than six bedrooms shall be calculated by adding 250 gallons and seven square feet of surface area for each additional bedroom. A garbage grinder shall be considered equivalent to an additional bedroom for determining tank size. A hot tub/spa should be considered equivalent to an additional bedroom for determining tank size. Septic tanks must be designed and approved for use in septic systems. They cannot be converted oil or gas tanks.

TYPICAL TRENCH DESIGN FOR A LEACH FIELD



NOTE: DO NOT INSTALL TRENCHES IN WET SOIL.
 INSTALL TRENCHES PARALLEL TO CONTOURS.
 INSTALL TRENCHES AS SHALLOW AS POSSIBLE WHICH MEET ABOVE NOTED MINIMUM DEPTHS.
 RAKE SIDES AND BOTTOM OF TRENCH PRIOR TO PLACING GRAVEL.
 ENDS OF ALL DISTRIBUTOR PIPES MUST BE CAPPED.

REQUIRED SEPARATION DISTANCES FROM WASTEWATER SYSTEM COMPONENTS

System Components	Well (f) or Suction Line	To Stream, Lake Watercourse (b), or Wetland	Dwelling	Property Line	Drainage Ditch(b),(g)
House Sewer (watertight joints)	25' if cast iron or PVC with O-ring joints, 50' otherwise	25'	3'	10'	—
Septic tank	50'	50'	10'	10'	10'
Effluent line to distribution box	50'	50'	10'	10'	10'
Distribution box	100'	100'	20'	10'	20'
Absorption field	100' (a)	100'	20'	10'	20'
Seepage pit	150' (a)	100'	20'	10'	20'
Dry well (roof and footing)	50'	25'	20'	10'	10'
Raised or Mound System (c)	100' (a)	100'	20'	10'	20'
Intermittent Sand Filter (c)	100' (a)	100'	20'	10'	20'
Evapotranspiration- absorption system (c)	100' (a)	50'	20'	10'	20'
Composter	50'	50'	20'	10'	10'
Sanitary Privy Pit	100'	50'	20'	10'	20'
Privy, Watertight Vault	50'	50'	20'	10'	10'

NOTES:

(a) When sewage treatment systems are located in coarse gravel or upgrade and in the general path of drainage to a well, the closest part of the treatment system shall be at least 200 feet away from the well.

(b) Mean high water mark.

(c) For all systems involving the placement of fill material, separation distances are measured from the toe of slope of the fill.

(d) Any water service line under pressure (i.e., public water supply main, household service line, well to household service line) located within ten feet of any absorption field, seepage pit or sanitary privy shall be installed inside a larger diameter water main to protect the potable water supply.

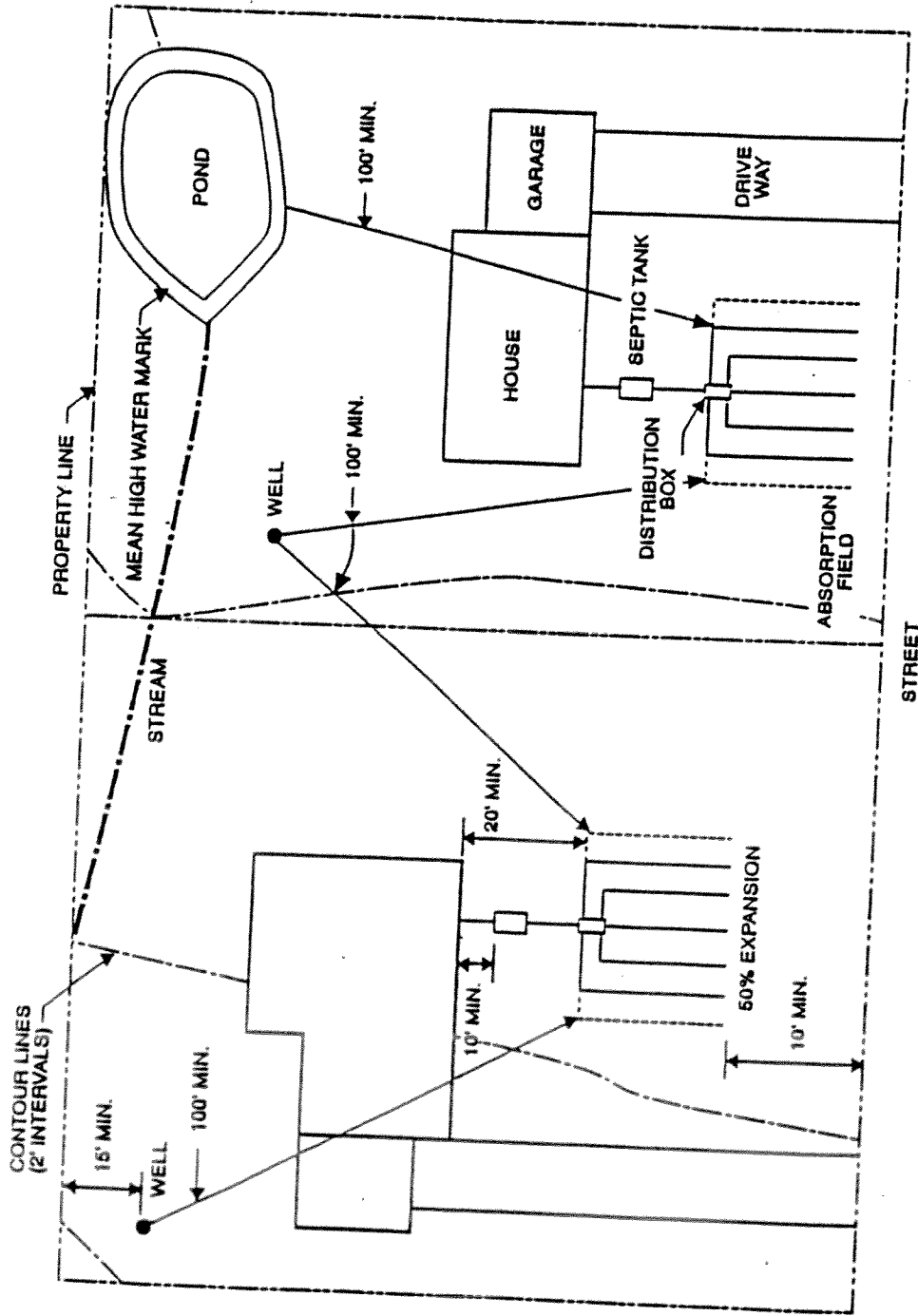
(e) Any water service line under pressure (i.e., public water supply main, household service line, well to household service line) crossing a sewer shall be installed with one full length of water main centered above the sewer so both water connecting joints are as far as possible from the sewer. Section 8.6 of the GLUMRB Recommended Standards for Water Works, shall be followed for separation of water mains, sanitary sewers and storm sewers.

(f) The minimum separation distance between a septic tank and a community type public water supply well should be 100 feet. Distribution boxes and absorption facilities (e.g., absorption trenches/beds, seepage pits, raised systems, mound systems, etc.) should be located at least 200 feet from community type public water supply wells.

(g) Recommended separation distances.

PART 1

SYSTEM LAYOUT DIAGRAM



Percolation Rate Min./Inch	Flow Rate (Gals/Day)														
	Column #1 in each section is for 1.6 gal. flush toilets; #2 is for 1.5; #3 is for larger than 1.5														
	2 bedrooms			3 bedrooms			4 bedrooms			5 bedrooms			6 bedrooms		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
	220	280	300	330	390	450	440	520	600	550	650	750	680	780	900
1 - 5	92	108	125	138	162	187	184	216	250	230	270	312	275	325	374
6 - 7	110	130	150	165	195	225	220	260	300	275	325	375	330	390	460
8 - 10	123	145	167	184	217	250	245	290	333	306	360	417	367	433	500
11 - 15	138	162	188	207	244	281	275	325	375	344	406	469	413	488	583
16 - 20	158	186	214	236	279	321	315	372	429	393	464	536	472	557	643
21 - 30	184	217	250	275	325	375	367	433	500	459	542	625	550	650	750
31 - 45	220	260	300	330	390	450	440	520	600	550	650	750	680	780	900
46 - 60	245	290	333	367	433	500	489	578	667	612	722	833	734	867	1000*
Dosing Not Required								Dosing or Alternate Design Required							

*Greater than 1,000 ft. of trench requires Alternate Dosing

After determining the percolation rate, use the table above to figure the total length of leach line required. No leach line is to be longer than 60 feet and all should be the same length. A distribution box is required to insure the effluent flows into all leach lines equally, and is required to be placed plumb and level. The leach line should be sloped at 1/32" to 1/16" per horizontal foot.

Record the final 4 percolation test results:

Hole 1: _____/_____/_____/_____.

Hole 2: _____/_____/_____/_____.

The time (in minutes) for the final test is the percolation rate.

Note: The purpose of a perc test is to determine the absorption rate of your soil to determine the size and length of leach field.

REFER TO BACK SIDE OF THIS PAGE FOR PERCOLATION TEST INSTRUCTIONS

Please answer the following basic design questions one through seven below; sign, date, and return to this office along with your Building Permit Application.

Basic Design

1. Number of bedrooms: _____
2. Daily flow: _____ gallons per day based on above chart.
3. Septic tank capacity: _____ gallons based on above chart.
4. Percolation rate: _____ minutes per inch based on perc test.
5. Length of individual lines _____ feet.
6. Total length of leach/absorption field: _____ feet.
7. Width of leach/absorption trenches: _____ feet.

NOTE: No lines shall exceed 60 feet in length and all perforated lines shall be the same length. Also, perforated lines shall be a minimum of 6 feet apart. Solid (non-perforated) pipe shall be used between the distribution box and the trenches.

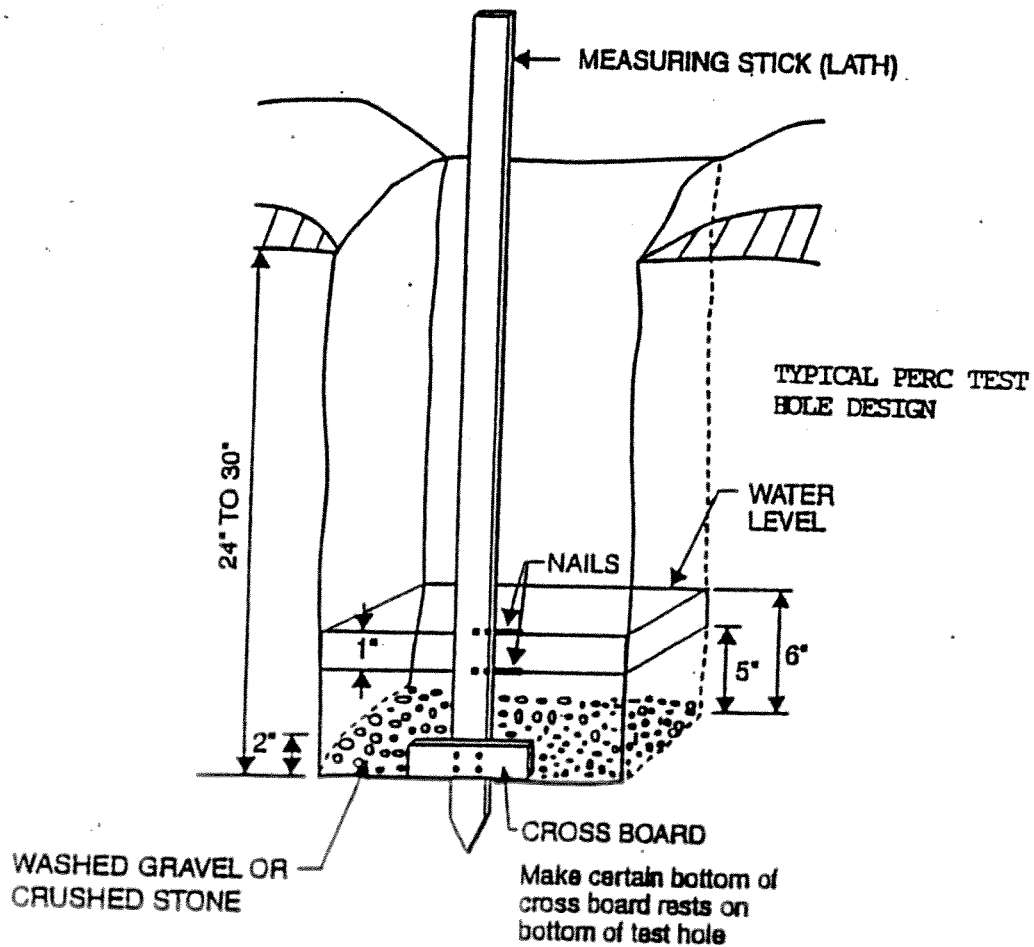
Applicant's Signature _____

Date _____

PART 2

PERCOLATION TEST INSTRUCTIONS

- Dig a hole about 12" wide on all four (4) sides or 12" diameter - 24" to 30" deep, or to depth of absorption trench.
- Scrape sides and remove loose soil from bottom.
- Install measuring stick.
- Place 2" of washed gravel or crushed stone on bottom.
- Presoak and saturate soil.
- Observe and record the time in minutes required for the water to drop from 6" to 5".
- Repeat the test at least 3 times until the time for the water to drop from 6" to 5" for two successive tests is approximately equal.



PART 2

SEPTIC PLOT DIAGRAM

Use the space below to show your proposed septic layout. Please also indicate the relationship to the closest neighbors, within 200' of your proposed system. Provide distance to adjacent wells, septic systems, distance to mean high water mark of streams, lakes, water courses and/or wetlands, and show dwellings and property lines. Failure to accurately reflect the above information may invalidate your permit. NOTE: Refer to PART 1 for help.

--	--

STREET/ROAD NAME



Town of Lowville

5533 Bostwick Street ~ Lowville, New York 13367
(315) 376-8070 ext 233

Town of Lowville Planning, Zoning, Fire Prevention and Building Code Fee Schedule Effective August 1, 2019

Plan Review ~ * See permit application(s) for plan requirements

*Plan Review up to \$50 permit fee	\$50.00
*Plan Review Residential New Construction/Alteration	\$100.00
*Plan Review Multiple Dwelling/Hotels/Motels New Construction/Alteration	\$150.00
*Plan Review Non-Residential	\$200.00

Work Commenced Without Permit

50% Increase in Permit Fee Plus	\$150.00
---------------------------------	----------

Split Permit: Base Fee Plus	\$50.00 per segment
------------------------------------	---------------------

For new construction of one or two-family house, residential additions and/or attached garage

Up to 200 square feet of floor area	\$50.00
Over 200 square feet	\$50.00 base + 16¢ per sq. ft.

Residential detached garage, storage buildings, decks and additions to these structures only	\$50.00
Over 200 square feet	\$50.00 base + 12¢ per sq. ft.

Manufactured Housing	\$150.00
-----------------------------	----------

Residential Alterations

Up to \$5,000.00	\$50.00
For each \$1,000 over the first \$5,000	\$3.00

For Multiple Dwelling/Hotels/Motels:

Up to three (3) Dwelling Units	\$150.00 base fee + 18¢ per sq. ft.
Additional Units	\$75.00

Non-Residential Buildings and Structures

Structures, additions up to \$100,000.00 in value	\$150.00 base fee + 18¢ per sq. ft.
---	-------------------------------------

Non-Residential Buildings and Structures, additions over \$100,000.00

\$100,001.00 to \$5,000,000.00	\$300.00 for first \$100,000.00 + \$3.00 for each additional \$1,000.00
Over \$5,000,001.00	\$12,000.00 for first \$5,000,000.00 + \$3.00 for each additional \$1,000.00

Non-Residential Alterations

Up to \$5,000.00	\$60.00
For each \$1,000.00 over the first \$5,000.00	\$4.00

Building Permit Renewal	\$50.00
--------------------------------	---------

Furnace and Boiler	\$50.00
---------------------------	---------

Solid Fuel Burning Device/Chimney	\$50.00
--	---------

Demolition Permit	\$50.00
--------------------------	---------

Swimming Pool

Above Ground Pool	\$50.00
Above Ground Pool with Deck	\$100.00
In-Ground Pool	\$150.00

Septic System

Septic System & Septic Alteration	\$100.00*
* Includes Plan Review Fee	

Floodplain Permit

\$150.00 plus fees*

* Includes \$50 Plan Review Fee

Inspections

Day Care/Foster Home	\$75.00
----------------------	---------

School Inspections

Private schools, storage, office and bus garages	\$110.00
Public Schools and Student Occupied Buildings	\$160.00

Occupancy Permit

If a permit is in effect	No Fee
If there is No permit in effect	\$75.00
The first and second temporary certificate of occupancy compliance, each	\$15.00
The third temporary certificate of occupancy /compliance	\$50.00

Operating Permit

Inspection required for issuance of an Operating Permit	\$30.00 per hour
Re-Inspection Fee – If the original inspection fails and another inspection needs to be performed	\$30.00

Planning and Zoning Applications

Zoning Permit	\$100.00
For buildings or structures that do not require a building permit but are covered under zoning requirements	

Sign Permit	\$100.00
--------------------	----------

Planning Board Applications – Site Plan Review or Special Use Permit	\$150.00 Plus Fees*
*See Chapter 230 and/or 250-110	

Subdivision Fees

Minor Subdivision 2 to 4 Lots	\$100.00 Plus Fees*
*See Chapter 230 and /or 240-6	
Major Subdivision	\$150.00 Preliminary
Plus \$25.00 per lot and \$50.00 for Final Review Plus Fees*	*See Chapter 230 and /or 240-6

Zoning Board of Appeals Applications	\$200.00
Special Meeting for Planning or Zoning Board	\$225.00
Applications Requiring Stormwater Management and Erosion Control Review Per Chapter 198	\$200.00

Town Board

Application For A Zone Change	\$50.00 Plus Fees*
--------------------------------------	--------------------