

Town of Norwich

Application for Approval of a Sewage Disposal System

Date _____

Permit# _____

To the town of Norwich Sanitarian:

Under the provisions of section 75A of New York State Sanitary Code, application is hereby made for a permit to repair, replace or construct a sewage disposal system to serve the hereinafter described property, concerning which the following information is submitted:

1. Owner: _____ Address: _____

Phone: _____

2. Location of the Property: _____

(Detailed location, road, tax map #)

3. Contractor: _____ Address: _____

Phone: _____

4. lot Dimension: _____ No. of rooms: _____ Bedrooms: _____

Bathrooms: _____ Lavatories: _____ Sinks: _____

Showers: _____ Special Fixtures: _____

5. Source of Water Supply: _____ Distance to Well(s): _____

Watershed on which system is located: _____

If under 300 feet, give distance to nearest water source: _____

6. Daily Sewage Flow: # of Persons _____ X _____ Gallons = Gallons per day _____

7. Settling Treatment: Septic Tank – Liquid Capacity _____ Gallons; No. of Chambers _____

Material _____; Inside Dimension: Length _____; Width _____

Effective Depth _____; Zabar Filter or Equal? Yes _____ No _____.

8. Absorption Treatment: Trenches: Width _____; Depth _____; Linear Feet _____;

Average grade of one inch fall in _____ Feet; cu. yards of gravel _____; inches below bottom of pipe _____

Infiltration Length: _____ Feet; Elgin System Length: _____ feet;

Others: Type _____; Length _____ Feet.

Leaching pits: quantity _____; outside dimensions _____; Depth below flow line _____

Liquid capacity inside walls _____; Material _____; Total Sq. Ft. _____

9. Soil: Clay ____ Loam ____ Sandy ____ Boulders ____ Rock ____ Other _____

Surface: Flat ____ Sloping ____ Degree of Slope _____

Ground water and surface drainage: Good ____ Fair ____ Poor ____

10. Remarks or description of other than leaching system of disposal:

Signature of Applicant: _____

Title: _____

Attach stamped plans if required or furnish a sheet showing the plan with the general
relationship of dwelling, outbuildings, and property boundaries to system and arrangement of
the absorption facilities, together with the location of nearby water supplies and all other
pertinent data, including details of special structures and unusual features.

Fee Schedule

Tank or field replacement or repair	\$60.00
Engineered System	\$100.00
Alternative Engineered system	\$150.00

Permit fee shall accompany this application

Note that all fees are nonrefundable

This section filled out by the Sanitary Inspector or System Designer:

Absorption test performed by: _____ Date: _____

Test Results: _____ Minutes per inch drop

Installation inspection performed by: _____ Date: _____

Remarks, Alterations or violations required:



Check here if additional remarks are placed on the back of this page.

Soil Percolation Test

- Determine the absorption area.
- Dig two holes in the absorption area twenty (20) feet apart, about 12" on all sides or 12" diameter – 24" to 30" deep or to the depth of the absorption trench. (additional holes may be required)
- Scrape the sides and remove loose material from bottom.
- Presoak soil with about 10" of water.
- Leave fifteen (15) Gallons of water for each set of holes.

Call the septic inspector (Code Enforcement Officer) to set a date for the test.

Test must be done by an engineer or an approved contractor and approved by Town of Norwich Sanitary Inspector.

Please call Steve Fox at (607) 316-0403