



# DEPARTMENT OF CODE ENFORCEMENT

Washington County Municipal Center  
383 Broadway  
Fort Edward, New York 12828

Phone: (518) 746-2150

Fax: (518) 746-2157

## SEWAGE DISPOSAL SYSTEM APPLICATION

To avoid any delays in the processing of the application and issuance of the Sewage Disposal Permit, please read all the following instructions and attached information carefully. Complete all applicable information and submit all requested materials :

1. Use typewriter or print in ink.
2. Answer all applicable questions.
3. Be sure to sign and date the application.
4. Enclose the fee of \$75.00. Make checks payable to the **WASHINGTON COUNTY TREASURER**.
5. Enclose completed application, application fee, and two ( 2 ) copies of all required plans.

Send to :

**DEPARTMENT OF CODE ENFORCEMENT  
WASHINGTON COUNTY MUNICIPAL CENTER  
383 BROADWAY  
FORT EDWARD, NEW YORK 12828**

6. Electrical inspections ( new wiring for alternative systems involving pumps, etc. ) are to be performed by others. ( NYS Board of Fire Underwriters, New York Atlantic- Inland, etc.)
7. Plans submitted for both conventional ( septic tank/ absorption systems, percolation rate of 60 minutes or less ) and alternative sewage disposal systems ( other than conventional, percolation rate exceeding 60 minutes ) must include the following information :
  - A. House location.
  - B. Location of driveways, garages, swimming pools, or any other structures.
  - C. Location of well or public water main and house connection.
  - D. Location of any water courses, ponds, lakes, wetlands, etc., on or within 100 feet of the property lines.
  - E. Location of all deep test holes and percolation test holes. A minimum of one ( 1 ) deep test hole and two ( 2 ) percolation tests holes required.
  - F. Location of all wells and sewage disposal systems within 200 feet of the proposed system.
  - G. Location and details of the proposed sewage disposal system and must include a 50 percent future expansion area.
  - H. Location of discharge points for gutters, footing drains, storm and curtain drains.
    - I. Design criteria to include number of bedrooms, soil percolation rate, application rate, etc..
    - J. Title box indicating owner and location of property, mailing address, date and scale of drawing.
8. Plans submitted for alternative sewage disposal systems, ( percolation rate in excess of 60 minutes ) must be designed by and bear the seal and signature of a Professional Engineer, Registered Architect, or Land Surveyor ( with a pre-1971, 7208N Exemption from the NYS Education Department ) licensed and registered to practice in New York State. These plans shall be drawn to scale showing the following information in addition to the required information of Item # 7 above.

8. Cont.

- A. Plot plan, including major physical features.
- B. Plan and cross section of the Sewage Disposal System, including the 50 percent expansion area, and construction details of all system components.
- C. Two ( 2 ) foot contours of the property. If ground is to be cut or filled, both existing and proposed contours must be shown.
- D. Title box indicating owner and location of property, mailing address of owner, name and address of Designer of the proposed system, date of drawing, and any revisions made, and scale of drawing.
- E. Site location and North arrow.

**PLEASE NOTE:** All designs for alternative sewage disposal systems intended for new construction must be submitted to the New York State Department of Health for their review and approval. Plans submitted to this Department must bear the approval stamp of the New York State Department of Health.





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SEWAGE DISPOSAL SYSTEM APPLICATION

FOR OFFICIAL USE ONLY

Application No.
Date Received
Date Examined
Amount of Fee Received

Approved - Permit No.
Approved - Corrections Needed
Disapproved: See Notice of Denial
Examined By :

LOCATION :
Street / Address
Town / Village
Tax Map No. - Section Block Lot

APPLICATION :

Name
Address
Telephone

APPLICANT IS :
Owner
Lessee
Agent
Architect / Engineer
Builder / Contractor

Name and Address of Owner if different
Than Applicant - Or - Name of Previous
Owner if Property has been sold
within the past 12 months

OCCUPANCY : ( Check Appropriate Box )

STRUCTURE : NEW EXISTING

- One - Family Dwelling
Two - Family Dwelling
Multiple Dwelling
Business
Mercantile
Industrial
Storage
Assembly
Institutional
Misc.

NATURE OF PROPOSED WORK : ( Check Any That Apply )

- Construction of a New Disposal System
Repair or Replacement of an Existing Disposal System
Alteration of an Existing Disposal System
Other ( Describe )

Engineer , Architect , Surveyor ,
And Or ( Sub ) Contractor :
NAME PHASE OF WORK TELEPHONE NO.
If Owner Built : Check Here

**DESIGN INFORMATION :**

1. Number of : Bedrooms \_\_\_\_\_  
Occupants \_\_\_\_\_

2. Topography: Flat, Rolling, Sloped, Other \_\_\_\_\_

3. Soil Nature: Sand, Loam, Clay, Other \_\_\_\_\_

4. Bedrock or Impervious Material: Depth \_\_\_\_\_ Feet  
( Test depth - Absorption Systems - 5' minimum, Seepage Pits - 4' below deepest pit)

5. Groundwater: Depth \_\_\_\_\_ Feet

6. Stabilized Percolation Rates: Test #1 Rate = \_\_\_\_\_ Min./Inch  
(Minimum of Two Tests Req'd) Test #2 Rate = \_\_\_\_\_ Min./Inch  
Test #3 Rate = \_\_\_\_\_ Min./Inch  
Test #4 Rate = \_\_\_\_\_ Min./Inch

7. Domestic Water Supply: Municipal, Well, Other \_\_\_\_\_

If Domestic Water Supplies are Wells, the distance to the NEAREST well from:

Minimum Required

- |                      |         |      |   |                                |
|----------------------|---------|------|---|--------------------------------|
| 1. Septic Tank       | = _____ | Feet | - | 50 Feet                        |
| 2. Distribution Box  | = _____ | Feet | - | 100 Feet                       |
| 3. Absorption System | = _____ | Feet | - | 100 Feet                       |
| 4. Seepage Pit (s)   | = _____ | Feet | - | 150 Feet (200' in gravel soil) |

8. Proposed System:

A. Septic Tank:

Size \_\_\_\_\_ Gallons  
Material \_\_\_\_\_

B. Absorption System:

1. Absorption Field: (Distribution Box Required)

Trench Width \_\_\_\_\_ x Depth \_\_\_\_\_

Number of Laterals \_\_\_\_\_

Length of Laterals \_\_\_\_\_ Feet (60' maximum for Gravity Systems)

Total System Length \_\_\_\_\_ Feet

2. Absorption Bed System:

Bed Width \_\_\_\_\_ x Bed Length \_\_\_\_\_ Bed Depth \_\_\_\_\_

(Bed Widths are set at 5' Increments with a maximum Bed Width of 20')

3. Seepage Pit (s): (Multiple pits require the use of a distribution box)

Number of Pits \_\_\_\_\_

Material \_\_\_\_\_

Size: Diameter \_\_\_\_\_ Feet x Depth \_\_\_\_\_ Feet

Other \_\_\_\_\_

Thickness of Stone (stone size 3/4" to 1 1/2") Around Seepage Pit (s)

4. Alternative Systems: (See Item #8 - Instruction Page)

Application is hereby made to the WASHINGTON COUNTY DEPARTMENT OF CODE ENFORCEMENT for the issuance of a sewage disposal permit pursuant to the provisions of the WASHINGTON COUNTY SANITARY CODE, LOCAL LAW #1, 1988. The applicant agrees to comply with all applicable provisions of said law as well as all applicable local, county or state laws and/or ordinances; and swears that all statements contained in this application are true to the best of their knowledge and belief:

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Phone: (518) 746-2150

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OWNER'S NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PERCOLATION TEST HOLE #1 ( REQUIRED )		PERCOLATION TEST HOLE #2 ( REQUIRED )		DEEP TEST HOLE #1 ( REQUIRED )	
RUN NO.	TIME ( MINUTES )	RUN NO.	TIME ( MINUTES )	DEPTH OF TEST HOLE _____ "	
1	1" = _____ MIN.	1	1" = _____ MIN.	DEPTH	SOIL DESCRIPTION
2	1" = _____ MIN.	2	1" = _____ MIN.	0 "	"
3	1" = _____ MIN.	3	1" = _____ MIN.	"	"
4	1" = _____ MIN.	4	1" = _____ MIN.	"	"
5	1" = _____ MIN.	5	1" = _____ MIN.	"	"
6	1" = _____ MIN.	6	1" = _____ MIN.	"	"
7	1" = _____ MIN.	7	1" = _____ MIN.	"	"
8	1" = _____ MIN.	8	1" = _____ MIN.	"	"
9	1" = _____ MIN.	9	1" = _____ MIN.	"	"
10	1" = _____ MIN.	10	1" = _____ MIN.	"	"
STABILIZED RATE	1" = _____ MIN.	STABILIZED RATE	1" = _____ MIN.	MOTTLING _____ " GROUNDWATER _____ "	
PERCOLATION TEST HOLE #3 ( OPTIONAL )		PERCOLATION TEST HOLE #4 ( OPTIONAL )		DEEP TEST HOLE #2 ( OPTIONAL )	
RUN NO.	TIME ( MINUTES )	RUN NO.	TIME ( MINUTES )	DEPTH OF TEST HOLE _____ "	
1	1" = _____ MIN.	1	1" = _____ MIN.	DEPTH	SOIL DESCRIPTION
2	1" = _____ MIN.	2	1" = _____ MIN.	0 "	"
3	1" = _____ MIN.	3	1" = _____ MIN.	"	"
4	1" = _____ MIN.	4	1" = _____ MIN.	"	"
5	1" = _____ MIN.	5	1" = _____ MIN.	"	"
6	1" = _____ MIN.	6	1" = _____ MIN.	"	"
7	1" = _____ MIN.	7	1" = _____ MIN.	"	"
8	1" = _____ MIN.	8	1" = _____ MIN.	"	"
9	1" = _____ MIN.	9	1" = _____ MIN.	"	"
10	1" = _____ MIN.	10	1" = _____ MIN.	"	"
STABILIZED RATE	1" = _____ MIN.	STABILIZED RATE	1" = _____ MIN.	MOTTLING _____ " GROUNDWATER _____ "	

( If more room is needed to record Soils Test results please use a separate sheet of paper using the same format as above )

Washington County Sanitary Code, Local Law #1, 1988, requires a minimum of two ( 2 ) percolation tests and one ( 1 ) deep test hole be performed in the area of each proposed absorption field or in the case of seepage pits at the site of each seepage pit.

Date: \_\_\_\_\_

Test Performed By: \_\_\_\_\_

<http://www.co.washington.ny.us>