



# SEPTIC DISPOSAL APPLICATION

742 Bay Road, Queensbury, NY 12804

P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

**Project Location:** \_\_\_\_\_

**Tax Map #:** \_\_\_\_\_

Office Use Only

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

Flood Zone? Y TYPE: \_\_\_\_\_; N

Wetlands? Y N

Reviewed By: \_\_\_\_\_

STRUCTURE INFORMATION				
Year Built	Gallons Per day	# of Bedrooms	X gallons per Bedroom	= total daily flow
1980 or older	150			
1981-1992	130			
1992-Present	110			

Garbage Grinder	Yes	No
Installed?		
Spa or Hot Tub		
Installed?		

PARCEL INFORMATION	
TOPOGRAPHY	___ Flat Rolling ___ Steep Slope ___ % Slope
SOIL NATURE	___ Sand ___ Loam ___ Clay ___ Other, explain:
GROUNDWATER	At what depth:
BEDROCK/IMPERVIOUS MATERIAL	At what depth:
DOMESTIC WATER SUPPLY	___ Municipal ___ Well ___ Lake (if well or lake, water supply from any septic system absorption is ___ feet)
PERCOLATION TEST	Rate: _____ per minute per inch ( <b>test to be completed by a licensed engineer/architect</b> )

PROPOSED SYSTEM INFORMATION		
TANK SIZE	_____ gallons (min. size 1,000 gallons, add 250 gallons for each garbage cylinder or spa/hot tub)	
SYSTEM	Absorption field w/ <b>#2 stone</b>	Total length _____ ft. Each trench _____ ft.
	Seepage pit w/ <b>#3 stone</b>	How many: _____; Size: _____
	Alternate system	Bed or other type: _____
	Holding tank system	Total required capacity: _____; tank size: _____; # of tanks: _____

**CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL**

• **Applicant:**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

• **Primary Owner(s):**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

**Check if all work will be performed by property owner only**

• **Contractor:**

Contact Name(s): \_\_\_\_\_

Contractor Trade: \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Workers' Comp documentation must be submitted with this application\*\***

• **Engineer(s):**

Name(s): \_\_\_\_\_

Mailing Address, C/S/Z: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person for any questions regarding this project: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

**Declaration:** Any permit or approval granted which is based upon or is granted in reliance upon any material representation or failure to make a material fact or circumstance known by or on behalf of an applicant, shall be void. I have read the regulations and agree to abide by these and all requirements of the Town of Queensbury Sanitary Sewage Disposal Ordinance.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_